Fill in this information to identify you	r case:	
United States Bankruptcy Court for the: 3Northern District of Texas	<b>&gt;</b>	
Case number (if known):		Chapter you are filing under:  Chapter 7 Chapter 11 Chapter 12 Chapter 13

FILED

FEB 22 2019

FEB 22 2019

CLERK, U.S. BANKFULFTCY COURT
CHECK IF TEXAS

CLERK, U.S. BANKFULFTCY OF TEXAS

CLERK, U.S. BANKFULFTCY OF TEXAS

CLERK, U.S. BANKFULFTCY OF TEXAS

ANORTHED Check if this is an amended filling

## Official Form 101

# Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

G	Part 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1	. Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).	DAVID First name LEE Middle name	JENNIFER First name MARIE Middle name
	Bring your picture identification to your meeting with the trustee.	JUMPER Last name	JUMPER Last name
		Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years	First name	JENNIFER First name
	Include your married or maiden names.	Middle name	MARIE Middle name LUTZ
		Last name	Last name
		First name	First name
		Middle name	Middle name
		Last name	Last name
NATE AND			
3.	number or federal	xxx - xx - 0 6 2 6 OR	xxx - xx - <u>3</u> <u>9</u> <u>2</u> <u>5</u> or
	Individual Taxpayer Identification number (ITIN)	9 xx - xx	9 xx - xx

Debtor 1 First Name Middle (	JOINI LIX	Case number (if known)
Phot Manue I I I I I I I I I I I I I I I I I I I	lame Last Name	
ta filosoppopapa para en	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4. Any business names and Employer Identification Numbers (EIN) you have used in	☑ I have not used any business names or EINs.	☑ I have not used any business names or EINs.
the last 8 years	Business name	Business name
doing business as names	Business name	Business name
	EIN	EIN
	EIN	EIN
. Where you live		If Debtor 2 lives at a different address:
	1507 BERRY PATCH LANE	
	Number Street	Number Street
	GRANBURY TX 76048	
	City State ZIP Code	City State ZIP Cod
	HOOD	
	If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
	Number Street	Number Street
	P.O. Box	P.O. Box
	City State ZIP Code	City State ZIP Code
Why you are choosing	Check one:	Check one:
this district to file for bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
	☐ I have another reason, Explain, (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

**DAVID** 

Debtor 1

LEE

**JUMPER** 

1	Debtor 1	DAVID First Name	LEE Middle Name	JUMPER Last Name		Case number (	if known)
		THOUTERING	Wilder Halle	cast Maine			
	Part 2:	Tell the Cou	rt About You	r Bankruptcy Ca	se		
				-			
7	Bankru	apter of the ptcy Code y	ou for Ba	<i>k one.</i> (For a brief d <i>ankruptcy</i> (Form 201	escription of each, see <i>No</i> (10)). Also, go to the top of	ntice Required by 1 page 1 and check	11 U.S.C. § 342(b) for Individuals Filing the appropriate box.
	are cho under	osing to file	<b>⊿</b> c	hapter 7			
			□ c	hapter 11			
			☐ CI	hapter 12			
			□ cı	napter 13			
8.	. How yo	u will pay th	loi yo su wi	cal court for more urself, you may p bmitting your pay th a pre-printed ac	details about how you and with cash, cashier's ment on your behalf, you ddress.	may pay. Typica check, or mone our attorney may	neck with the clerk's office in your ally, if you are paying the fee y order. If your attorney is pay with a credit card or check ption, sign and attach the
			Ap	pplication for Indiv	iduals to Pay The Filing	ou cnoose this o I Fee in Installm	ption, sign and attach the ents (Official Form 103A).
*********			By les pa	law, a judge may s than 150% of th y the fee in install	<ul> <li>but is not required to,</li> <li>official poverty line th</li> </ul>	waive your fee, at applies to you his option, you n	ation only if you are filing for Chapter 7. and may do so only if your income is a family size and you are unable to nust fill out the Application to Have the with your petition.
9.		u filed for	<b>☑</b> No				
	last 8 ye	tcy within th ars?	Yes	. District	When	MM / DD / YYYY	_ Case number
				District	When		Case number
				District		MM / DD / YYYY	
				District	When	MM / DD / YYYY	Case number
10.		oankruptcy	<b>☑</b> No				
		nding or bei	ng ois □ Yes	. Debtor			Relationship to you
	not filing	this case w y a business	ith		When		Case number, if known
				Debtor			Relationship to you
				District	When	MM / DD / YYYY	Case number, if known
	Do you re residence		☑ No.	Go to line 12. Has your landlord	obtained an eviction judgr		
				☐ No. Go to line			
				Yes. Fill out In	nitial Statement About an E nkruptcy petition.	Eviction Judgment	Against You (Form 101A) and file it as

ebtor 1	DAVID LE	_	JUMPER Last Name		Case	number (if knowr	i)	
	Pristreame tylique	IABitie	Last Name					
art 3:	Report About Any	y Busine:	sses You Own as	a Sole Prop	rietor			
	ou a sole proprieto y full- or part-time	r 🛮 No	. Go to Part 4.					
busin		☐ Ye	s. Name and location	of business				
	proprietorship is a ss you operate as an							
	ual, and is not a te legal entity such as		Name of business, if a	ny				
	oration, partnership, or		Number Street					
	nave more than one							
	oprietorship, use a te sheet and attach it							
to this p			City			State	ZIP Code	, , , , , , , , , , , , , , , , , , , ,
			Check the appropria					
			Health Care Bus					
			☐ Single Asset Re					
			☐ Stockbroker (as☐ Commodity Brok		9 ( ,,			
			☐ None of the above		rm 11 0.5.C. § 101	(6))		
		\$*************************************	Trons or the abo	·		· · · · · · · · · · · · · · · · · · ·	hunan	
Chapte Bankru	u filing under er 11 of the uptcy Code and u a s <i>mall business</i> ?	can set most re any of t	re filing under Chapte appropriate deadlines cent balance sheet, so hese documents do n	s. If you indica tatement of op ot exist, follow	ite that you are a sm perations, cash-flow	nall business statement, a	debtor, you	must attach your
For a de	finition of <i>small</i>		I am not filing under	•				
	s debtor, see C. § 101(51D).	☐ No.	I am filing under Cha the Bankruptcy Code	pter 11, but I :	am NOT a small bus	siness debtor	according t	o the definition in
		☐ Yes.	I am filing under Cha Bankruptcy Code.	pter 11 and I a	am a small business	s debtor acco	rding to the	definition in the
			. ,					
rt 4:	Report if You Own	or Have	Any Hazardous Pr	operty or A	ny Property Tha	t Needs In	ımediate .	Attention
-				***************************************	· · · · · · · · · · · · · · · · · · ·			
	own or have any y that poses or is	✓ No						
	to pose a threat	Yes.	What is the hazard?					
identifia	ble hazard to							
•	nealth or safety? Ou own any							
property	y that needs		If immediate attention	ın is naadad ı	why is it needed?			
	ate attention?		ii mmodiate diteme	ma nececu, v	vily is it needed:			
perishable that must	e goods, or livestock be fed, or a building s urgent repairs?							
			Where is the propert					
				Number	Street		-	
				City			State	ZIP Code

Debtor 1

DAVID LEE

JUMPER

Case number (if known)	
------------------------	--

#### Part 5:

#### **Explain Your Efforts to Receive a Briefing About Credit Counseling**

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

l an	not	required	to	receive	а	briefing	about
cre	dit co	ounseling	b	ecause d	of	•	

I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

Disability. My p

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

╝	I am not required	to receive	a briefing	about
	credit counseling			

Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making

rational decisions about finances.

Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

DAVID LEE JUMPER Debtor 1 Case number (if known) Part 6: **Answer These Questions for Reporting Purposes** 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) 16. What kind of debts do as "incurred by an individual primarily for a personal, family, or household purpose." you have? No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts. 17. Are you filing under No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and Do you estimate that after administrative expenses are paid that funds will be available to distribute to unsecured creditors? any exempt property is excluded and M No administrative expenses ☐ Yes are paid that funds will be available for distribution to unsecured creditors? 18. How many creditors do 1-49 1,000-5,000 25,001-50,000 you estimate that you **2** 50-99 5,001-10,000 50,001-100,000 owe? **1**00-199 10,001-25,000 ☐ More than 100,000 200-999 19. How much do you **2** \$0-\$50,000 ■ \$1,000,001-\$10 million \$500,000,001-\$1 billion estimate your assets to \$50,001-\$100,000 ■ \$10,000,001-\$50 million \$1,000,000,001-\$10 billion be worth? \$100,001-\$500,000 □ \$50,000,001-\$100 million \$10,000,000,001-\$50 billion \$500,001-\$1 million □ \$100,000,001-\$500 million ☐ More than \$50 billion 20. How much do you \$0-\$50,000 □ \$1,000,001-\$10 million \$500,000,001-\$1 billion estimate your liabilities \$50.001-\$100.000 \$10,000,001-\$50 million ■ \$1,000,000,001-\$10 billion to be? \$100.001-\$500.000 □ \$50,000,001-\$100 million \$10,000,000,001-\$50 billion □ \$500,001-\$1 million □ \$100,000,001-\$500 million ☐ More than \$50 billion Part 7: Sign Below I have examined this petition, and I declare under penalty of perjury that the information provided is true and For you If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both, 18 U.S.C. §§ 152, 1341, 1519, and 3571. Signature of Debtor Executed on 0 2 Executed on

Deptot 1	NAVID st Name	LEE Middle Name	JUMPER Last Name	Case number (# known)_	····	
For your attor represented b	represen y, you do	ted	to proceed under Chapter 7, 11, available under each chapter for the notice required by 11 U.S.C.	amed in this petition, declare that I have inf 12, or 13 of title 11, United States Code, ar which the person is eligible. I also certify the § 342(b) and, in a case in which § 707(b)(4 e information in the schedules filed with the	nd have ex hat I have 1)(D) applie	plained the relief delivered to the debtor(s) es, certify that I have no
need to file th	is page.		×	Date		
			Signature of Attorney for Debtor	Date	MM /	DD /YYYY
			Printed name  Firm name			
			Number Street			
			City	State	ZIP Code	
			Contact phone	Email address		
			Bar number	State		

Debtor 1

DAVID

LEE Middle Name **JUMPER** 

Last Nam

Case number (if known)

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page. The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned.

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

Are you aware that filing for bankruptcy is a serious consequences?	s action with long-term financial and legal
□ No ☑ Yes	
Are you aware that bankruptcy fraud is a serious or inaccurate or incomplete, you could be fined or imp	
□ No ☑ Yes	
Did you pay or agree to pay someone who is not as   No	1 attorney to help you fill out your bankruptcy forms?
Yes. Name of Person	Declaration, and Signature (Official Form 119).
By signing here, I acknowledge that I understand the have read and understood this notice, and I am aware attorney may cause me to lose my rights or propert	are that filing a bankruptcy case without an
Signature of Debtor	Signature of Deletor 2
Date 02/22/2015 MM/ DD / YYYY	Date OZ/12/2015
Contact phone (817) 219-5075	Contact phone (817) 559-3395
Cell phone	Cell phone
Email address DJUMPER1@GMAIL.COM	Email address J.M.JUMPER80@GMAIL.COM

Debtor 1	DAVID	LEE	JUMPER	
	First Name	Middle Name	Last Name	
Debtor 2	JENNIFER	MARIE	JUMPER	
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States	Bankruptcy Court for the	Northern District of Texas		V

☐ Check if this is an amended filing

### Official Form 106A/B

## Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. Yes. Where is the property? What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put ☐ Single-family home the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Duplex or multi-unit building Street address, if available, or other description ☐ Condominium or cooperative Current value of the Current value of the Manufactured or mobile home entire property? portion you own? ☐ Land ☐ Investment property Describe the nature of your ownership ☐ Timeshare City State ZIP Code interest (such as fee simple, tenancy by Other the entireties, or a life estate), if known. Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only County ☐ Check if this is community property Debtor 1 and Debtor 2 only (see instructions) At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: If you own or have more than one, list here: What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put ☐ Single-family home the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Duplex or multi-unit building Street address, if available, or other description Condominium or cooperative Current value of the Current value of the Manufactured or mobile home entire property? portion you own? Land ☐ Investment property Describe the nature of your ownership ☐ Timeshare City ZIP Code interest (such as fee simple, tenancy by ■ Other the entireties, or a life estate), if known. Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only County Debtor 1 and Debtor 2 only Check if this is community property At least one of the debtors and another (see instructions) Other information you wish to add about this item, such as local property identification number: \_

Official Form 106A/B

# Case 19-40739 mxm7 Doc 1 Filed 02/22/19 Entered 02/22/19 15:31:10 Page 10 of 82

1.3	3. Street address. if avail	lable, or other description	What is the property? Check all that apply.  Single-family home Duplex or multi-unit building	Do not deduct secured the amount of any secured Creditors Who Have C	cured clai	ims on Schedule D:
			Condominium or cooperative	Current value of th		
			Manufactured or mobile home	entire property?	por	rtion you own?
			☐ Land☐ Investment property	Φ	\$	
	City	State ZIP Co		Describe the natur interest (such as fo the entireties, or a	ee simp	le, tenancy by
			Who has an interest in the property? Check one			
			Debtor 1 only			
	County		Debtor 2 only			
			Debtor 1 and Debtor 2 only	Check if this is		inity property
			$oldsymbol{\square}$ At least one of the debtors and another	(see instructions	)	
			Other information you wish to add about this in property identification number:	tem, such as local		
Add 1	the dollar value of the	e portion you own fo	r all of your entries from Part 1, including any entrie	es for pages	l e	0.00
			er here.		\$	0.00
		gal or equitable inte	rest in any vehicles, whether they are registered or		es	
you o	own, lease, or have le that someone else driv vans, trucks, tractors	egal or equitable inte	icle, also report it on Schedule G: Executory Contracts		es	
you down Cars, No	own, lease, or have le that someone else driv vans, trucks, tractors	egal or equitable inte	icle, also report it on Schedule G: Executory Contracts	and Unexpired Leases.		exemntions Put
you ou own Cars,	own, lease, or have le that someone else driv vans, trucks, tractors o es	egal or equitable inte ves. If you lease a veh s, sport utility vehic	icle, also report it on Schedule G: Executory Contracts es, motorcycles  Who has an interest in the property? Check one.	and Unexpired Leases.  Do not deduct secured c the amount of any secure	laims or e	s on <i>Schedule D:</i>
you down Cars, No	own, lease, or have le that someone else driv vans, trucks, tractors o es Make: Model:	egal or equitable interves. If you lease a vehicles, sport utility vehicles	icle, also report it on Schedule G: Executory Contracts es, motorcycles	and Unexpired Leases.  Do not deduct secured of	laims or e	s on <i>Schedule D:</i>
you down Cars, Ye 3.1.	own, lease, or have lethat someone else driverans, trucks, tractored es  Make:  Model:  Year:	egal or equitable interves. If you lease a vehicles, sport utility vehicles  FORD  F-150  2014	who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not deduct secured c the amount of any secur Creditors Who Have Cla	laims or o ed claims ims Secu Curre	s on Schedule D: ured by Property. ent value of the
you down Cars, Ye 3.1.	own, lease, or have le that someone else driv vans, trucks, tractors o es Make: Model: Year: Approximate mileage:	egal or equitable interves. If you lease a vehicles, sport utility vehicles  FORD  F-150  2014	who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only	and Unexpired Leases.  Do not deduct secured of the amount of any securic Creditors Who Have Cla	laims or o ed claims ims Secu Curre	s on Schedule D: ired by Property.
you down Cars, Ye 3.1.	own, lease, or have lethat someone else driverans, trucks, tractored es  Make:  Model:  Year:	egal or equitable interves. If you lease a vehicles, sport utility vehicles  FORD  F-150  2014	who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	Do not deduct secured c the amount of any secur Creditors Who Have Cla	laims or o ed claims ims Secu Curre	s on Schedule D: ured by Property. ent value of the
you down Cars, Ye 3.1.	own, lease, or have le that someone else driv vans, trucks, tractors o es Make: Model: Year: Approximate mileage:	egal or equitable interves. If you lease a vehicles, sport utility vehicles, FORD  F-150  2014  90535	who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not deduct secured of the amount of any secure Creditors Who Have Cla.  Current value of the entire property?	laims or o ed claims ims Secu Curre	s on Schedule D: ired by Property. ent value of the on you own?
you o Jown Cars, No Ye	own, lease, or have lethat someone else driverans, trucks, tractors of the ses.  Make:  Model:  Year:  Approximate mileage: Other information:	FORD F-150 2014 90535	who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see	Do not deduct secured of the amount of any secure Creditors Who Have Cla.  Current value of the entire property?	laims or o ed claims ims Secu Curre	s on Schedule D: ired by Property. ent value of the on you own?
you o Jown Cars, W Ye 3.1.	own, lease, or have lethat someone else driverans, trucks, tractors of es.  Make: Model: Year: Approximate mileage: Other information: IT IS FINANCED	FORD F-150 2014 90535	who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see	Do not deduct secured of the amount of any secure Creditors Who Have Cla  Current value of the entire property?  \$ 19,000.00	laims or of claims security current portions.	s on Schedule D: ired by Property. ent value of the on you own? 7,875.00
you ou ou own Cars, No Ye 3.1.	own, lease, or have lead that someone else drive vans, trucks, tractors of the ses.  Make: Model: Year: Approximate mileage: Other information: IT IS FINANCED  own or have more than Make:	FORD 2014 90535	who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)	Do not deduct secured control the amount of any secure Creditors Who Have Class Current value of the entire property?  \$ 19,000.00  Do not deduct secured class amount of any secure class current class current class control to the amount of any secure class current cla	daims or ed claims  Curre  porti  \$  aims or ed claims	s on Schedule D: red by Property.  ent value of the on you own?  7,875.00  exemptions. Put on Schedule D:
you o	own, lease, or have lethat someone else driverans, trucks, tractors of the ses.  Make: Model: Year: Approximate mileage: Other information: IT IS FINANCED  own or have more than Make: Model:	FORD F-150 2014 90535  n one, describe here: KIA SORENTO	who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one.	Do not deduct secured of the amount of any secure Creditors Who Have Clair Current value of the entire property?  \$ 19,000.00  Do not deduct secured of the amount of any secure Creditors Who Have Clair Creditors Who Have Clair	laims or e carries securities sec	s on Schedule D: ired by Property.  ent value of the on you own?  7,875.00  exemptions. Put on Schedule D: red by Property.
you o	own, lease, or have lethat someone else driverans, trucks, tractors of elses.  Make: Model: Year: Approximate mileage: Other information: IT IS FINANCED own or have more than Make: Model: Year:	FORD F-150 2014 90535  one, describe here: KIA SORENTO 2014	who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only	Do not deduct secured of the amount of any secure Creditors Who Have Clair 19,000.00  Do not deduct secured of the amount of any secure Creditors Who Have Clair Creditors Who Have Clair Current value of the	laims or ed claims  Curre  portion  \$  aims or edd claims  ms Secur  Curre	s on Schedule D: ured by Property.  ent value of the on you own?  7,875.00  exemptions. Put on Schedule D: red by Property.  ent value of the
you o	own, lease, or have lethat someone else driverans, trucks, tractors of the ses.  Make: Model: Year: Approximate mileage: Other information: IT IS FINANCED  own or have more than Make: Model:	FORD F-150 2014 90535  n one, describe here: KIA SORENTO	who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Do not deduct secured of the amount of any secure Creditors Who Have Clair Current value of the entire property?  \$ 19,000.00  Do not deduct secured of the amount of any secure Creditors Who Have Clair Creditors Who Have Clair	laims or ed claims  Curre  portion  \$  aims or edd claims  ms Secur  Curre	s on Schedule D: ired by Property.  ent value of the on you own?  7,875.00  exemptions. Put on Schedule D: red by Property.

Debtor 1 Case/19-40739 mxm7 Dgg 1 Filed 02/22/19 Entered 02/22/19 15:31:10 Page 11 of 82

	8 8 m al al .	Who has an interest in the property? Check one.  Debtor 1 only	the amount of any secur	ed claims on Schedule D:
	Model:	Debtor 2 only	Creditors Who Have Cla	ims Secured by Property.
	Year:	Debtor 1 and Debtor 2 only	Current value of the	
	Approximate mileage:	☐ At least one of the debtors and another	entire property?	portion you own?
	Other information:			
		☐ Check if this is community property (see instructions)	\$	\$
3.4.	Make:	Who has an interest in the property? Check one.	Do not deduct secured cl	aims or exemptions. Put
	Model:	Debtor 1 only	the amount of any secure Creditors Who Have Clai	
		Debtor 2 only	Creditors vino mave Gial	to filologica e e e e e e e e e e e e e e e e e e e
	Year:	Debtor 1 and Debtor 2 only	Current value of the	
	Approximate mileage:	At least one of the debtors and another	entire property?	portion you own?
	Other information:		•	•
		Check if this is community property (see instructions)	\$	\$
	oles: Boats, trailers, motors, person	's and other recreational vehicles, other vehicles, and acces all watercraft, fishing vessels, snowmobiles, motorcycle accesso		
īxam <sub>i</sub> 1 No 1 Ye .1.	oles: Boats, trailers, motors, person			d claims on Schedule D:
Example No. 1 Yes	oles: Boats, trailers, motors, person s  Make:  Model:  Year:  Other information:  with or have more than one, list here Make:  Model:	Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)	Do not deduct secured clathe amount of any secured Creditors Who Have Claim  Current value of the entire property?  \$  Do not deduct secured clathe amount of any secured Creditors Who Have Claim	d claims on Schedule D: as Secured by Property.  Current value of the portion you own?  \$  ms or exemptions. Put claims on Schedule D:
Example No. 1 Yes	oles: Boats, trailers, motors, person s  Make:  Model:  Year:  Other information:  wn or have more than one, list here	Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only	Do not deduct secured cla the amount of any securer Creditors Who Have Clain  Current value of the entire property?  \$  Do not deduct secured clai the amount of any secured	d claims on Schedule D: as Secured by Property.  Current value of the portion you own?  \$  ms or exemptions. Put claims on Schedule D:

Debtor 1

DAVID

LEE

**JUMPER** 

Case number (if known)\_

Part 3: **Describe Your Personal and Household Items** Current value of the Do you own or have any legal or equitable interest in any of the following items? portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware Yes. Describe........ KITCHEN APPLIANCES, FURNITURE, LINENS, AND KITCHENWARE 5,000.00 \$ 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No Yes. Describe........... FOUR TELEVISIONS, PRINTER, TWO CELL PHONES, AND ONE 1,400.00 COMPUTER 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles M No ☐ Yes. Describe...........NONE 0.00 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments 2 No Yes. Describe...... NONE 0.00 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment M No ☐ Yes. Describe...... NONE 0.00 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories EVERYDAY CLOTHES AND SHOES Yes. Describe...... 1,500.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver ☐ No Yes. Describe...... 150.00 EVERDAY JEWELERY 13. Non-farm animals Examples: Dogs, cats, birds, horses Mo No 0.00 NONE 14. Any other personal and household items you did not already list, including any health aids you did not list No No ☐ Yes. Give specific

information.....NONE

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached

for Part 3. Write that number here

0.00

8,050.00

Debtor 1

DAVID

**JUMPER** 

First Name

Case number (if known)\_

Part 4: **Describe Your Financial Assets** Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition 2 No ☐ Yes..... 0.00 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No **2** Yes..... Institution name: CHASE BANK 20.00 17.1. Checking account: N/A 0.00 17.2. Checking account: N/A 0.00 17.3. Savings account: N/A 0.00 17.4. Savings account: N/A 17.5. Certificates of deposit: 0.00 N/A 17.6. Other financial account: 0.00 N/A 17.7. Other financial account: 0.00 N/A 17.8. Other financial account: 0.00 N/A 17.9. Other financial account: 0.00 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ☑ No ☐ Yes..... Institution or issuer name: N/A 0.00 N/A 0.00 N/A 0.00 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ☑ No Name of entity: % of ownership: Yes. Give specific N/A 0% 0.00 information about N/A 0% 0.00 them..... % N/A 0% 0.00 %

Case number (if known)\_

JUMPER

20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. **2** No ☐ Yes. Give specific Issuer name: information about N/A 0.00 them..... N/A 0.00 N/A 0.00 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ☐ No Yes. List each account separately. Type of account: Institution name: **FIDELITY** 4,000.00 401(k) or similar plan: N/A 0.00 Pension plan: N/A 0.00 IRA: N/A 0.00 Retirement account: N/A 0.00 Keogh: N/A 0.00 Additional account: N/A 0.00 Additional account: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No No ☐ Yes..... Institution name or individual: Electric: N/A 0.00 N/A 0.00 Gas: N/A Heating oil: 0.00 Security deposit on rental unit: N/A 0.00 N/A Prepaid rent: 0.00 N/A Telephone: 0.00 Water: N/A 0.00 N/A Rented furniture: 0.00 N/A Other: 0.00 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) **Ø** No ☐ Yes..... Issuer name and description: N/A 0.00 N/A 0.00 N/A 0.00

**DAVID** 

First Name

Middle Name

Debtor 1

24. Interests in an education I 26 U.S.C. §§ 530(b)(1), 529		ccount in a qualified ABLE program, or under a qualified	state tuition program	TO SECTION AND ADDRESS OF THE SECTION ADDRESS
✓ No	, t(D), aa o			
☐ Yes	··· Inetitutio	on name and description. Separately file the records of any in	storaete 11 I I S C & 521	(a):
		on rights and description. Separately site the records of any in	neresis. 11 0.5.6. g 52 i	
	N/A 0.00			\$
	0.00 N/A			s <u>0.00</u>
	IN/A			\$
exercisable for your benef		n property (other than anything listed in line 1), and right	s or powers	
<ul><li>✓ No</li><li>✓ Yes. Give specific</li></ul>	N/A		Tink producti analas sy salang saqianiyani agʻyataniya giyan parang qaylayd qaqiylaniyinin anka digaqida solindiyinda siyon a	
information about them				\$0.00
Examples: Internet domain n  No Yes. Give specific	ames, web	e secrets, and other intellectual property sites, proceeds from royalties and licensing agreements		0.00
information about them				\$\$
<ul> <li>27. Licenses, franchises, and c Examples: Building permits, c</li> <li>☑ No</li> <li>☑ Yes. Give specific information about them</li> </ul>	-	enses, cooperative association holdings, liquor licenses, pro	fessional licenses	\$0.00
Money or property owed to you	1?			Current value of the portion you own? Do not deduct secured claims or exemptions.
28. Tax refunds owed to you				
☐ No				
Yes. Give specific informa about them, including		2018 TAX YEAR REFUND IS OWED TO US	Federal:	\$10,162.00
you already filed the	returns	AND WE FILED ON JANUARY 28, 2019	State:	\$
and the tax years	***************************************		Local:	\$
□ No		, spousal support, child support, maintenance, divorce settle	ment, property settleme	nt
Yes. Give specific information	tion	DEBTOR 1 IS OWED \$3300.00 BY REBECCA ALVAREZ AND DEBTOR 2	Alimony:	\$ 0.00
		IS OWED \$4974.00 BY SCOTT LUTZ.	Maintenance:	\$ 0.00
			Support:	\$ 8,274.00
			Divorce settlement:	\$ 0.00
	•		Property settlement:	\$0.00
Social Security ben	bility insura	nce payments, disability benefits, sick pay, vacation pay, word loans you made to someone else	orkers' compensation,	
☑ No				3
Yes. Give specific informat	on	N/A		\$0.00

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31. Interests in insurance policies	nce; health savings account (HSA); credit, homeowr	por's or roptor's insurance	
No     No	nce, nealth savings account (noA), credit, nomeow	ier s, or remer s insurance	
Yes. Name the insurance company	Company name:	Beneficiary:	Surrender or refund value:
of each policy and list its value		•	
	UNITED HEALTHCARE	N/A	\$ 0.00
			\$ 0.00
			\$
32. Any interest in property that is due you If you are the beneficiary of a living trust, or property because someone has died.  No	from someone who has died expect proceeds from a life insurance policy, or are of	currently entitled to receive	
Yes. Give specific information	N/A		\$0.00
33. Claims against third parties, whether or Examples: Accidents, employment dispute	not you have filed a lawsuit or made a demand s, insurance claims, or rights to sue	for payment	and the second
☑ No			genannung
Yes. Describe each claim	N/A		\$ 0.00
34 Other contingent and unliquidated claim	s of every nature, including counterclaims of the	e debtor and rights	
to set off claims	, , , , , , , , , , , , , , , , , , , ,	<b>3</b>	
No			distribution ()
Yes. Describe each claim	N/A		\$0.00
35. Any financial assets you did not already	list		
☑ No			
9	N/A		0.00
and the second s			**************************************
	s from Part 4, including any entries for pages you		\$ 22,456.00
			L
Part 5: Describe Any Business-F	elated Property You Own or Have an	Interest In. List any re	eal estate in Part 1.
37. Do you own or have any legal or equitable.  No. Go to Part 6.	e interest in any business-related property?		
Yes. Go to line 38.			
100. 00 to inic oc.			Current value of the
			portion you own?  Do not deduct secured claims or exemptions.
38. Accounts receivable or commissions you	ı already earned		
☐ No	-		
Yes. Describe			rh.
			\$
<ol> <li>Office equipment, furnishings, and supples: Business-related computers, software.</li> </ol>	ies modems, printers, copiers, fax machines, rugs, telephones,	desks, chairs, electronic devices	
No     No	mozomo, printero, oopiero, iak madiinoo, rugo, telephones,	, acono, chano, ciconomo devices	
Yes. Describe			\$
**			Ψ

Case number (if known)\_

JUMPER

First Name	Middle Name	Last Name	Case Humber (# known)	
40 Machinery fixtures a	auinment sunn	lies you use in business, and to	ala of your trade	
	quipinent, suppi	nes you use in business, and to	ois of your trade	
☐ No	$construction \ Constitution \ description \ construction \ construction \ description \ descriptio$			Millionenonary in additional to a many
Yes. Describe				\$
i.	***************************************			Mantheastannia (1907) (min
41. Inventory				
□ No		Market Standard Standard Contract Contract Contract Contract Standard Market Contract Standard Contract Contrac		and the state of t
Yes. Describe				<b>S</b>
ber	- sharen himikiki in 1914-in hiji kanaf unda da da da mama gipasa ga kanasa kang un kasaya.	wordstander ein son ein der Meiner gegebreit gegeben der		NOO-A (II) of an O (I) included an American and group and A
42. Interests in partnersh	ips or joint ventu	ıres		
☐ No				
Yes. Describe	Name of entity:		% of own	ership:
				% \$
				% \$
				% \$
43. Customer lists, mailing	j lists, or other o	compilations		
	include personal	Ily identifiable information (as d	efined in 11 U.S.C. § 101(41A))?	
☐ No				
Yes. Descr	ibe	ontemperatura to net transfer, es que, âmpero a trabactor à subsequent ababactor 44416, tales Shoye en pr <del>ese</del> tte estre abando per		A MANAGEMENT CONTROL OF THE CONTROL OF T
	Virginia-design			\$
44. Amerikanan valatada		**************************************		and makes are a reasonable of the second
44. Any business-related p  No	noperty you ala	not aiready list		
Yes. Give specific				•
information				\$
				<u> </u>
	<u> </u>			
				<u> </u>
				\$
_				\$
er. Add the delleviolise of	all af anti-	and from Doub F in about		
			tries for pages you have attached	\$
00000000000000000000000000000000000000				e de la martina de la compansión de la comp
Part 6: Describe Any	/ Farm- and Co	mmercial Fishing-Related	Property You Own or Have an Inte	rest In.
If you own or h	iave an interest i	in farmland, list it in Part 1.		
	/ legal or equital	ole interest in any farm- or com	nercial fishing-related property?	
No. Go to Part 7.  Yes. Go to line 47.				
100. 00 10 11/0 47.				
				Current value of the portion you own?
				Do not deduct secured claims
7. Farm animals				or exemptions.
Examples: Livestock, pou	ıltry, farm-raised f	fish		
☐ No				
☐ Yes	$-\bullet \bullet (p) = (p) + (p) +$	0.00000000000000000000000000000000000		man d'emplorance and employer en employer.
Option in the second se				•
· · · · · · · · · · · · · · · · · · ·	***************************************	~*····································		\$

DAVID

Debtor 1

LEE

48. <b>Crops</b> —e		Ton how have	, o	22/19	Entered	02/22/19 15:31:10 Case number (# known)	Page 18	3 0f 82
48. <b>Crops—e</b>	First Name	Middle Name	Last Name					
	ither growin	ng or harvested						
☐ No	0''8-				er panemannen men kan kenerar yra en en er			
Yes. 0	Give specific nation	N/A		makala makamaka kala mwakamaka nyenika shi ni neferi wa k			\$	0.0
	fishing equ	ipment, implements,	, machinery, fixture	es, and tool	s of trade			
☐ No ☐ Yes			essenting the second section of the second second section is the second second second section section section second section s	dianagement de de l'entre communità de l'entre de l'ent				
		N/A					<b></b>	0.0
50. Farm and	fishing sup	plies, chemicals, and	d feed					
☐ No								
☐ Yes		N/A					\$	0.0
31. <b>Any farm-</b>	and comme	ercial fishing-related	property you did n	ot already	list		AND PRINCES AND	
□ No □ Yes G	Sive specific	г ражина такандын какандын каканда эки жеке фактанда бай бай орган үй		rage nygondga alige (helia Madadda Tida Sida Alaa aliadda (helia				
	ation	N/A			announce participation and the common design of the Control of the		\$	0.0
2. Add the d	ollar value o	of all of your entries t	from Part 6, includi	ing any ent	ries for page	s you have attached	\$	0.00
for Part 6.	Write that r	umber nere				······································		
Part 7:	escribe /	All Property You	Own or Have a	an Intere	st in That	You Did Not List Ab	ove	
		pperty of any kind yo country club membership		ist?				
☑ No	ľ	N/A					•	0.00
		IN/A					<b>\$</b>	0.00
Yes. G								
	ive specific						φ	0.00
				ambroni-land-lefficialspicespicespicity plants seen	ngan gasakan nganjaga pagas pakatan katan sahin na sistem na sistem na sistem na sistem na sistem na sistem na		\$	0.00
informa	ation	· all of your entries fr	rom Part 7. Write th	nat number	here		\$	
informa	ation	all of your entries fr	rom Part 7. Write th	nat number	here		\$	0.00
informa	bilar value of	f all of your entries fr		nat number	here		\$	0.00
informa	ollar value of	tals of Each Pa	rt of this Form				\$	0.00
informa  Add the do  art 8: L	ollar value of	tals of Each Pa	rt of this Form				\$	0.00
informa  A. Add the do  art 8: L  5. Part 1: Tota  6. Part 2: Tota	ollar value of	etals of Each Pai	rt of this Form		17,875.00		\$	0.00
informa  4. Add the do  art 8: L  5. Part 1: Tota  5. Part 2: Tota  7. Part 3: Tota	ist the To	e, line 2ine 5	rt of this Form		17,875.00 8,050.00	-	\$	0.00
information inform	ist the To al real estate al vehicles, I	e, line 2iine 5 and household items	rt of this Form		17,875.00 8,050.00 22,456.00	-	\$	0.00
information information information information information in a second in a s	ist the To al real estate al vehicles, I	e, line 2ine 5	rt of this Form		17,875.00 8,050.00 22,456.00 0.00	-	\$	0.00
information in Add the document 8: Local Exercises Add the document 8: Local Exercises Add the document 8: Part 4: Total Part 4: Total Part 5: Total	ist the To al real estate al vehicles, I al personal a	e, line 2iine 5 and household items	rt of this Form		17,875.00 8,050.00 22,456.00	-	\$	0.00
information information information information information in a second in a s	ist the To al real estate al vehicles, l al personal a al financial a al business-	e, line 2ine 5 and household items assets, line 36 related property, line	rt of this Form		17,875.00 8,050.00 22,456.00 0.00	-	\$	0.00
informa  Add the do  Art 8:  Part 1: Tota Part 2: Tota Part 3: Tota Part 5: Tota Part 6: Tota Part 7: Tota	ollar value of al real estate al vehicles, la personal a al financial a la business-la farm- and al other prop	e, line 2ine 5 and household items assets, line 36 related property, line	rt of this Form  i, line 15  45 erty, line 52	\$ \$ \$ \$	17,875.00 8,050.00 22,456.00 0.00	-	\$	0.00
information information information information information in inf	ist the To al real estate al vehicles, l al personal a al financial a al business- al farm- and al other prop	e, line 2ine 5 and household items assets, line 36 related property, line fishing-related property perty not listed, line 5	rt of this Form  5, line 15  2 45  erty, line 52  64	\$\$ \$\$ \$\$	17,875.00 8,050.00 22,456.00 0.00 0.00 48,381.00	Copy personal property tot	\$	0.00

Fill in this information to identify your case:						
Debtor 1	DAVID LEE		JUMPER			
	First Name	Middle Name	Last Name			
Debtor 2	JENNIFER	MARIE	JUMPER			
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States	X					
Case number (If known)						

# ☐ Check if this is an amended filing

### Official Form 106C

# Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

1.	Which set of e	Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.						
		aiming state and federal nonban aiming federal exemptions. 11 U		U.S.C. § 522(b)(3)				
2.	For any prope	rty you list on <i>Schedule A/B</i> t	hat you claim as exem	pt, fill in the information below.				
		ion of the property and line on that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption			
				Check only one box for each exemption.				
	Brief description:	HOUSE GOODS	\$ <u>5,000.00</u>	<b>Ø</b> \$ 5,000.00	TEXAS PROP 42.002(A)(1)			
	Line from Schedule A/B:	6		☐ 100% of fair market value, up to any applicable statutory limit				
	Brief description:	ELECTRONICS	\$ <u>1,400.00</u>	<b>Ø</b> \$ 1,400.00	TEXAS PROP 42.002(A)(1)			
	Line from Schedule A/B:	<u>Z</u>		☐ 100% of fair market value, up to any applicable statutory limit				
	Brief description:	CLOTHES	\$ <u>1,500.00</u>	<b>Ø</b> \$ 1,500.00	TEXAS PROP 42.002(A)(1)			
	Line from Schedule A/B:	11		☐ 100% of fair market value, up to any applicable statutory limit				
3.	Are you claimi	ng a homestead exemption of	more than \$160,375?					
	(Subject to adjus	stment on 4/01/19 and every 3 y	ears after that for cases	s filed on or after the date of adjustment.)				
	M No							
	_	acquire the property covered b	by the exemption within	1,215 days before you filed this case?				
	☐ No							

Debtor 1

#### **Additional Page**

	tion of the property and line  A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description:	JEWELRY	\$150.00	•	TEXAS PROP 42.002(A)(1)
Line from Schedule A/B:	12		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	FORD F-150	\$7,875.00		TEXAS PROP 41.002(A)(9)
Line from Schedule A/B:	3.1		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	KIA SORENTO	\$10,000.00	<b>☑</b> \$10,000.00 □ 100% of fair market value, up to	TEXAS PROP 41.002(A)(9)
Line from Schedule A/B:	3.2		any applicable statutory limit	
Brief description:	CHILD SUPPORT 29	\$8,274.00	<b>☑</b> \$8,274.00 100% of fair market value, up to	TEXAS PROP 42.001(B)(3)
Line from Schedule A/B:			any applicable statutory limit	TEXAS INS
Brief description:	HEALTH INS.	\$0.00	<ul><li></li></ul>	1108.51
Line from Schedule A/B:	31		any applicable statutory limit	
Brief description:	401K	\$4,000.00	<b>4</b> ,000.00	TEXAS PROP 42.0021
Line from Schedule A/B:	21		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	<b>\$</b>	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	\$ 100% of fair market value, up to	
Line from Schedule A/B:			any applicable statutory limit	
Brief description:		\$	<b>\$</b>	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	<b></b>	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	<b>\( \)</b> \$	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	<u> </u>	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	

Fill in this in	nformation to identi	fy your case:		
Debtor 1	DAVID	LEE	JUMPER	
Debtor 1	First Name	Middle Name	Last Name	
Debtor 2	JENNIFER	MARIE	JUMPER	
Spouse, if filing)	First Name	Middle Name	Last Name	
United States I	s			
Case number (If known)				

☐ Check if this is an amended filing

## Official Form 106D

# Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
  - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below.

for each claim. If more than one creditor	more than one secured claim, list the creditor separately has a particular claim, list the other creditors in Part 2. chabetical order according to the creditor's name.	Column A  Amount of claim  Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1 CHASE AUTO FINANCE	Describe the property that secures the claim:	\$11,125.00	\$ 19,000.00	0.00
Creditor's Name PO BOX 78068 Number Street	2014 FORD F-150			
PHOENIX AZ 85062 City State ZIP Code	As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed	_		
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
□ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim relates to a community debt Date debt was incurred 09/01/2015				
PROGRESSIVE LEASING	Describe the property that secures the claim:	\$ 715.25	\$ 1,100.00 <sub>\$</sub>	0.00
Creditor's Name 256 DATA DRIVE Number Street	RING (IT WAS LOST)			
DRAPER UT 84020 City State ZIP Code	As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed	1		
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt	<ul> <li>□ An agreement you made (such as mortgage or secured car loan)</li> <li>□ Statutory lien (such as tax lien, mechanic's lien)</li> <li>□ Judgment lien from a lawsuit</li> <li>☑ Other (including a right to offset)</li> </ul>			
Date debt was incurred 04/01/2017	Last 4 digits of account number $0 5 0 2$			

Debtor 1

**DAVID** First Name

LEE

**JUMPER** 

Case number (if known)

Additional Page Part 15 After listing any entries on this by 2.4, and so forth.	page, number them beginning with 2.3, followed	Column A  Amount of claim  Do not deduct the value of collateral.	Column B  Value of collateral that supports this claim	Column C Unsecured portion If any
2.3 WORLD FINANCE CO	Describe the property that secures the claim:	\$ 760.00	\$	\$0.0
Creditor's Name 108 FREDERICK ST Number Street	I DON'T REMEMBER			
GREENVILLE SC 29607 City State ZIP Code	<ul> <li>As of the date you file, the claim is: Check all that apply.</li> <li>Contingent</li> <li>Unliquidated</li> <li>Disputed</li> </ul>	.J		
Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim relates to a community debt	Nature of lien. Check all that apply.  An agreement you made (such as mortgage or secured car loan)  Statutory lien (such as tax lien, mechanic's lien)  Judgment lien from a lawsuit  Other (including a right to offset)	-		
Date debt was incurred 06/04/2014	Last 4 digits of account number 0 1 5 3			an na n
2.5 WORLD FINANCE CO	Describe the property that secures the claim:	\$957.00	\$\$	30.00
108 FREDERICK ST	I DON'T REMEMBER			
GREENVILLE SC 29607  City State ZIP Code  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this claim relates to a community debt  Date debt was incurred 12/03/2012	<ul> <li>□ Contingent</li> <li>□ Unliquidated</li> <li>□ Disputed</li> <li>Nature of lien. Check all that apply.</li> <li>☑ An agreement you made (such as mortgage or secured car loan)</li> <li>□ Statutory lien (such as tax lien, mechanic's lien)</li> <li>□ Judgment lien from a lawsuit</li> <li>□ Other (including a right to offset)</li> </ul> Last 4 digits of account number 0 1 2 4			
2.5 WORLD FINANCE CO		321.95	s 100.00 s	0.00
Creditor's Name 1327 PLAZA DR N Number Street	TELEVISION	Ψ	ΨΨ	
GRANBURY TX 76048 City State ZIP Code	As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim relates to a	An agreement you made (such as mortgage or secured car loan)  Statutory lien (such as tax lien, mechanic's lien)  Judgment lien from a lawsuit  Other (including a right to offset)			
community debt  Date debt was incurred 08/15/2018	Last 4 digits of account number 2 6 2 3			
	in Column A on this page. Write that number here:	2,038.95		
	add the dollar value totals from all pages.	9,899.20		

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Debtor 1

Part 2:

List Others to Be Notified for a Debt That You Already Listed

Case number (if known)

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page. On which line in Part 1 did you enter the creditor?  $\frac{2.4}{}$ JH PORTFOLIO Last 4 digits of account number P 1 5 4 Name 5757 PHANTON DR STE 225 Number Street 63042 MO **HAZELWOOD** ZIP Code State City On which line in Part 1 did you enter the creditor? \_\_\_\_ Last 4 digits of account number \_\_\_ \_ Name Number Street ZIP Code State City On which line in Part 1 did you enter the creditor? \_ Last 4 digits of account number \_\_\_\_ \_ Name Number Street State ZIP Code City On which line in Part 1 did you enter the creditor? \_ Last 4 digits of account number \_\_\_ \_\_ \_\_ Name Number Street ZIP Code State City On which line in Part 1 did you enter the creditor? \_\_\_\_ Last 4 digits of account number \_\_\_ \_\_ \_\_ Name Street Number ZIP Code State City On which line in Part 1 did you enter the creditor? \_\_\_ Last 4 digits of account number \_\_\_\_ Name Number Street

City

ZIP Code

State

	nis information to ident		ed 02/22/10 Enter	02/22/19 15:3	1:10 Pa	age 24 of	82
Debtor 1	DAVID	LEE	JUMPER				
	First Name JENNIFER	Middle Name MARIE	Last Name JUMPER				
Debtor 2 (Spouse, if	filing) First Name	Middle Name	Last Name				
United St	ates Bankruptcy Court for th	e: Northern District of	Texas				
Case nun (If known)	nber						ck if this is a ended filing
Officia	al Form 106E/	F					
Sche	dule E/F: C	reditors WI	no Have Unse	cured Claims	5		12/15
List the of A/B: Prop creditors of needed, co any additi	ther party to any execu- erty (Official Form 106, with partially secured o opy the Part you need, onal pages, write your	tory contracts or une A/B) and on Schedule claims that are listed fill it out, number the name and case numl		sult in a claim. Also list of Ind Unexpired Leases (Off The Have Claims Secured	executory co icial Form 1 by Property	ontracts on S 06G). Do not . If more spa	chedule include any ce is
Part 1:	List All of Your PR						
-	<pre>/ creditors have priorit;</pre> . Go to Part 2.	y unsecured claims a	gainst you?				
Yes							
2. List all each cl nonprio	l of your priority unsectaim listed, identify what brity amounts. As much a	type of claim it is. If a c as possible, list the clai	tor has more than one priority laim has both priority and nor ms in alphabetical order accor rt 1. If more than one creditor	priority amounts, list that ording to the creditor's nam	claim here an e. If you have	d show both p more than tw	oriority and vo priority
(For an	explanation of each typ	e of claim, see the inst	ructions for this form in the ins				un an <b>a e</b> santitation in 1965.
					otal claim	Priority amount	Nonpriority amount
2.1			and delimite of account number	or \$		\$	\$
Priority	Creditor's Name		ast 4 digits of account number	ei		•	
Number	r Street		When was the debt incurred?				
			As of the date you file, the clai	im is: Check all that apply.			
City	Sta	te ZIP Code	Contingent				
	ncurred the debt? Check		Unliquidated				
	btor 1 only	one.	<b>⅃</b> Disputed				
	btor 2 only	T	ype of PRIORITY unsecured	d claim:			
	btor 1 and Debtor 2 only		Domestic support obligations				
	least one of the debtors and		Taxes and certain other debts	you owe the government			
⊔ Ch	eck if this claim is for a	community debt	Claims for death or personal in	jury while you were			
	claim subject to offset?	·	intoxicated  Other. Specify				
☐ No ☐ Yes		_	Unier. Opeciny				
2		भारतिकार के क्षेत्रकान के अवस्था कर अन्य क्ष्मानी, सम्बद्ध का मान्य कुल कर तहा हो है, जा कर उसके ती प्रकृत का क भारतिकार के क्षेत्रकान के अवस्था कर अन्य कुल माने, समझ अन्य कर किस्सी के किस के अपने के किस कर का का कुल का सक	erra namana erre erre kalalyan grafa hir distributurk erre kristististististististististististististi		ankokaresteriesteriesteriesis/missaiameitti) ei	numerum personalar menerulagi seriti SP 100 F40 F60	
	Creditor's Name		ast 4 digits of account numbe	°r \$		\$	\$
,		W	hen was the debt incurred?				
Number	Street	Δ	s of the date you file, the clair	m is: Check all that apply			
			Contingent	in the street an anacapping.			
City	Stat	_	Unliquidated				
•	curred the debt? Check	one.	Disputed				
-	tor 1 only		one of PDIODITY	claim:			
Deb	itor 2 only		ype of PRIORITY unsecured Domestic support obligations	Gatti.			
	tor 1 and Debtor 2 only	Γ	Taxes and certain other debts y	ou owe the government			
	east one of the debtors and						
☐ Che	eck if this claim is for a c	ommunity debt	intoxicated	my mino you from			
ls the c ☐ No	laim subject to offset?		Other. Specify	A A A A A A A A A A A A A A A A A A A			

Yes

	alter List All of Toda Notification	JKI11 011	secured Oldin			
3.	Do any creditors have nonpriority u					
	Yes	uno part. Ot	abilit tille form to	the court with your other soriedules.		
4.	List all of your nonpriority unsecure nonpriority unsecured claim, list the cr	editor sepa editor holds	rately for each cla	al order of the creditor who holds each claim. If a creditor ha nim. For each claim listed, identify what type of claim it is. Do no n, list the other creditors in Part 3.If you have more than three no	t list clai	ms already
					Total	l claim
4.1	ACTON MEDICAL CLINIC			Last 4 digits of account number 7 0 7 8		NAME OF THE PROPERTY OF THE PARTY OF T
	Nonpriority Creditor's Name			<del></del>	\$	230.09
	2006 FALL CREEK HWY			When was the debt incurred? 10/01/2017		
	Number Street	***************************************	White # No.	<del></del>		
	GRANBURY	TX	76049	As af the date way file the alaim is Obselved that analy		
	City	State	ZIP Code	As of the date you file, the claim is: Check all that apply.		
	Who incurred the debt? Check one.  ☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and anothe			☐ Contingent ☐ Unliquidated ☐ Disputed  Type of NONPRIORITY unsecured claim:		
	☐ Check if this claim is for a commu			<ul> <li>☐ Student loans</li> <li>☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>		
	Is the claim subject to offset? ☑ No ☑ Yes			Debts to pension or profit-sharing plans, and other similar debts  Other. Specify MEDICAL	;	
,	APP TEXAS ED PLLC	Manden elembra de la brada de democração dos que	properties to the executive as a financial course account of a closely decided and a classical course of the cours	Last 4 digits of account number 0 0 2 9	\$	944.18
	Nonpriority Creditor's Name			When was the debt incurred? 11/01/2018	Ψ	
	PO BOX 4458 DEPT 329 Number Street			- When was the distribution.		
	HOUSTON	TX	77210	As of the date you file, the claim is: Check all that apply.		
	City	State	ZIP Code	Contingent		
	Who incurred the debt? Check one.			☐ Unliquidated ☐ Disputed		
	Debtor 1 only Debtor 2 only					
	Debtor 2 only  Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	At least one of the debtors and another			☐ Student loans		
	☐ Check if this claim is for a commu	nity debt		Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	Is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts		
	☑ No			Other. Specify MEDICAL		
	Yes				NO DESCRIPTION AND AND AND AND AND AND AND AND AND AN	
3	AT HOME PROFESSIONS			Last 4 digits of account number 2 0 0 2		913.00
	Nonpriority Creditor's Name			When was the debt incurred? 09/12/2011	\$	310.00
	2001 LOWE STREET			When was the dept incurred?		
	Number Street	CO.	00505			
	FORT COLLINS	State	80525 ZIP Code	As of the date you file, the claim is: Check all that apply.		
	City	State	ZIF Code	☐ Contingent		
	Who incurred the debt? Check one.			☐ Unliquidated		
	Debtor 1 only			☐ Disputed		
	Debtor 2 only					
	Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecured claim:			
	At least one of the debtors and another			Student loans		
	☐ Check if this claim is for a commun	ity debt		Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	Is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts		
	₩ No			Other. Specify EDUCATION		
	Yes					

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r listing any entries on this pa	ge, number th	nem beginning wit	th 4.4, followed by 4.5, and so forth.	Total cl	
AT&T			Last 4 digits of account number 2 9 5 3	\$	26
Nonpriority Creditor's Name PO BOX 5014			When was the debt incurred? 08/01/2016		
Number Street CAROL STREAM	IL.	60197	As of the date you file, the claim is: Check all that apply.		
City  Who incurred the debt? Check o	State	ZIP Code	Contingent Unliquidated Disputed		
□ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? ☑ No □ Yes			Type of <b>NONPRIORITY</b> unsecured claim:  Student loans		
		:	<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>Debts to pension or profit-sharing plans, and other similar debts</li> <li>Other. Specify UTILITIES</li> </ul>		
ATT UVERSE		ા કર્યું તાલુકા કર્યું કર્યુ	Last 4 digits of account number 5 3 7 4	\$	147
Ionpriority Creditor's Name PO BOX 536216			When was the debt incurred? 06/01/2014		
lumber Street ATLANTA	GA	30353	As of the date you file, the claim is: Check all that apply.		
Who incurred the debt? Check on Debtor 1 only	State ne.	ZIP Code	☐ Contingent ☐ Unliquidated ☐ Disputed		
Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and ar	nother		Type of <b>NONPRIORITY</b> unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that		
Check if this claim is for a co the claim subject to offset? No Yes	mmunity debt		you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify UTILITIES		
TT WIRELINE	p for the control of		Last 4 digits of account number 5 3 7 4	\$	94
onpriority Creditor's Name			When was the debt incurred? 06/01/2014		
O BOX 536216	<u> </u>	20252	As of the date you file, the claim is: Check all that apply.		
TLANTA y ho incurred the debt? Check one	GA State	30353 ZIP Code	Contingent Unliquidated Disputed		
Debtor 1 only Debtor 2 only			Type of <b>NONPRIORITY</b> unsecured claim:		
Debtor 1 and Debtor 2 only  At least one of the debtors and and			<ul> <li>Student loans</li> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>		
Check if this claim is for a conthe claim subject to offset?	nmunity debt		Debts to pension or profit-sharing plans, and other similar debts  Other Specific LITH ITIES		

Yes

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	Р
8 1 1 1 1 1 1 1 1	

#### Your NONPRIORITY Unsecured Claims — Continuation Page

r listing any entries on this page, n	umber th	em beginning wi	th 4.4, followed by 4.5, and so forth.	Total cl	
BIGELOW RENTALS			Last 4 digits of account number 6 2 6 5	<sub>\$</sub> 2,31	
Nonpriority Creditor's Name 1216 N BUCHANAN STREE	Т		When was the debt incurred? $\frac{11/01/2011}{1}$		
Number Street GREEN BAY	WI	54303	As of the date you file, the claim is: Check all that apply.		
City	State	ZIP Code	Contingent Unliquidated		
Who incurred the debt? Check one.  Debtor 1 only			☐ Disputed		
Debtor 2 only			Type of NONPRIORITY unsecured claim:		
Debtor 1 and Debtor 2 only  At least one of the debtors and anothe	r		<ul><li>Student loans</li><li>Obligations arising out of a separation agreement or divorce that</li></ul>		
☐ Check if this claim is for a community debt			you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts		
s the claim subject to offset?			Other. Specify APARTMENT LEASE		
☑ No ☑ Yes					
CHARTER COMMUNICATIO	negative en	yunyu goʻot oʻot oʻot oʻot oʻot oʻot oʻot oʻo	Last 4 digits of account number 8 7 1 5	\$700	
Nonpriority Creditor's Name			When was the debt incurred? 01/01/2015		
lumber Street SAINT LOUIS	MO	63179	— As of the date you file, the claim is: Check all that apply.		
Sity COOIS	State	ZIP Code	Contingent		
Vho incurred the debt? Check one.			☐ Unliquidated ☐ Disputed		
Debtor 1 only			·		
Debtor 2 only Debtor 1 and Debtor 2 only			Type of <b>NONPRIORITY</b> unsecured claim:  Student loans		
At least one of the debtors and another			Obligations arising out of a separation agreement or divorce that		
Check if this claim is for a commu	nity debt		you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts		
s the claim subject to offset? No Yes			Other. Specify_UTILITIES		
	тейна башандын жазанын кайдан жайдан жа	An consecutive stabilities distributed and actives from special actives from the second active from the special actives and special actives from the special actives active from the special actives active from the special a	Last 4 digits of account number 5 9 7 0	\$ <u>457</u>	
COMENITY BANK/BEALLS onpriority Creditor's Name			When was the debt incurred? 03/01/2015		
O BOX 182789 umber Street	<del></del>				
OLUMBUS	OH State	43218 ZIP Code	As of the date you file, the claim is: Check all that apply.  Contingent		
ty	State	ZIF Code	☐ Unliquidated		
/ho incurred the debt? Check one.			☐ Disputed		
Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:		
Debtor 1 and Debtor 2 only			☐ Student loans		
At least one of the debtors and another			Obligations arising out of a separation agreement or divorce that		
Check if this claim is for a commur	nity debt		you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts		
the claim subject to offset?			✓ Other. Specify RETAIL CARD		
Í No					

Your NONPRIORITY Unsecured Claims — Continuation Page

listing any entries on this page, number them beginning v			th 4.4, followed by 4.5, and so forth.	Total claim	
COMENITY BANK/BEALL	.S		Last 4 digits of account number 2 6 0 4	\$	508.5
Nonpriority Creditor's Name PO BOX 182789		and the second s	When was the debt incurred? 11/01/2016		
Number Street COLUMBUS	ОН	43218	As of the date you file, the claim is: Check all that apply.		
City	State	ZIP Code	Contingent		
Maller transport of the debt Office transport	_		Unliquidated		
Who incurred the debt? Check one Debtor 1 only	e.		☐ Disputed		
Debtor 2 only			Type of NONPRIORITY unsecured claim:		
Debtor 1 and Debtor 2 only			☐ Student loans		
☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset?			Obligations arising out of a separation agreement or divorce that		
			you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts		
			Other Specify RETAIL CARD		
☑ No ☑ Yes					
CONCORD MEDICAL GR	OUP	en kan saman dan dan dan dan dan dan dan dan dan d	Last 4 digits of account number 1 4 7 2	\$	346.00
lonpriority Creditor's Name	00		When was the debt incurred? 12/01/2013		
2800 CORPORATE DR #1	03	<u> </u>			
FLOWER MOUND	TX	75028	As of the date you file, the claim is: Check all that apply.		
ity	State	ZIP Code	☐ Contingent ☐ Unliquidated		
Vho incurred the debt? Check one			Disputed		
Debtor 1 only			·		
Debtor 2 only			Type of <b>NONPRIORITY</b> unsecured claim:		
Debtor 1 and Debtor 2 only  At least one of the debtors and ano	ither		☐ Student loans		
_			<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>		
Check if this claim is for a com	imunity debt		Debts to pension or profit-sharing plans, and other similar debts		
the claim subject to offset?			☑ Other. Specify MEDICAL		
☑ No ☑ Yes					
ONCORD MEDICAL GRO	)UP	ukuzunen uzu en mekenzeken alkain di piten mekitek hari mikan menan mekindi eun masafera.	Last 4 digits of account number 1 5 7 1	\$	436.00
onpriority Creditor's Name			When was the debt incurred? 11/01/2014		
800 CORPORATE DR #10	03				
Imber Street LOWER MOUND	TX	75028	As of the date you file, the claim is: Check all that apply.		
y	State	ZIP Code	Contingent		
ho incurred the debt? Check one.			Unliquidated		
Debtor 1 only			☐ Disputed		
Debtor 2 only			Type of NONPRIORITY unsecured claim:		
Debtor 1 and Debtor 2 only			☐ Student loans		
At least one of the debtors and anot	her		Obligations arising out of a separation agreement or divorce that		
Check if this claim is for a com	munity debt		you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts		
the claim subject to offset?			Other. Specify MEDICIAL		
No					

Casev119-40739-mxm7 Dot/MP和ed 02/22/19 Entered 02/22/19 15:31:10 Page 29 of 82 Your NONPRIORITY Unsecured Claims — Continuation Page Part 2: After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. **Total claim** 5.3 Last 4 digits of account number 1 5 8 7 436.00 CONCORD MEDICAL GROUP Nonpriority Creditor's Name 01/01/2015 When was the debt incurred? 2800 CORPORATE DR #103 Number Street As of the date you file, the claim is: Check all that apply. 75028 FLOWER MOUND TX State ZIP Code Contingent City Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only ☐ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify MEDICAL Is the claim subject to offset? ✓ No ☐ Yes 5.4 Last 4 digits of account number 1 7 9 5 582.00 CONCORD MEDICAL GROUP Nonpriority Creditor's Name 10/01/2016 When was the debt incurred? 2800 CORPORATE DR #103 Number Street As of the date you file, the claim is: Check all that apply. FLOWER MOUND TX 75028 State ZIP Code Contingent Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only ☐ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Other. Specify MEDICAL Is the claim subject to offset? M No ☐ Yes 582.00 Last 4 digits of account number 1 8 0 0

CONC	ORD MEI	DICAL GROUP	
Nonpriority	Creditor's Nam	е	
2800 C	ORPORA	ATE DR #103	
Number	Street		

FLOWER MOUND TX 75028 ZIP Code

Who incurred the debt? Check one.

Debtor 1 only Debtor 2 only

Debtor 1 and Debtor 2 only

At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

M No

☐ Yes

05/01/2017 When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

Contingent

Unliquidated

Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

 Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

Other, Specify MEDICIAL

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#### Your NONPRIORITY Unsecured Claims — Continuation Page

· listing any entries on this p	age, number tl	nem beginning wi	th 4.4, followed by 4.5, and so forth.	Total cl	
CREDIT ACCEPTANCE	CORP		Last 4 digits of account number 3 0 2 1	<sub>\$_6,49</sub>	
Nonpriority Creditor's Name 25505 W 12 MILE ROAI	D		When was the debt incurred? 09/01/2010	¥ <u></u>	
Number Street SOUTHFIELD	MI	48034	As of the date you file, the claim is: Check all that apply.		
City	State	ZIP Code	Contingent Unliquidated		
Who incurred the debt? Check	one.		☐ Disputed		
Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:		
Debtor 1 and Debtor 2 only			Student loans		
At least one of the debtors and			Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
Check if this claim is for a	community deb	t	Debts to pension or profit-sharing plans, and other similar debts		
s the claim subject to offset?  ✓ No  ☐ Yes			Other. Specify VEHICLE LOAN		
		as indicated access as distributed and access access of the contract of the co	Last 4 digits of account number 2 4 3 3	ones sirasini sirasi Sirasini sirasini	
DIRECTV Ionpriority Creditor's Name				*	
PO BOX 105503			When was the debt incurred?		
lumber Street ATLANTA	GA	30348	As of the date you file, the claim is: Check all that apply.		
ity	State	ZIP Code	Contingent		
Vho incurred the debt? Check of	one.		☐ Unliquidated ☐ Disputed		
☑ Debtor 1 only			Disputed		
Debtor 2 only			Type of NONPRIORITY unsecured claim:		
Debtor 1 and Debtor 2 only  At least one of the debtors and	another		Student loans		
			<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>		
Check if this claim is for a c	ommunity debt		Debts to pension or profit-sharing plans, and other similar debts		
s the claim subject to offset?  No Yes			☑ Other. Specify_UTILITIES		
	erkulytekirjakirissättäpäänissättäpäänissättä jäytykin jokkirjak valyak jokkirjak jokkirjak jokkirjaksi jokkir J	Нубина одинатична вистранија и поста на пред пред пред пред пред пред пред пред	Last 4 digits of account number 1 6 8 8	\$180	
INGERHUT/WEBBANK phopriority Creditor's Name					
250 RIDGEWOOD ROA	'D		When was the debt incurred? 12/01/2016		
umber Street AINT CLOUD	MN	56303	As of the date you file, the claim is: Check all that apply.		
ty	State	ZIP Code	Contingent		
ho incurred the debt? Check o	ne.		☐ Unliquidated ☐ Disputed		
Debtor 1 only	-		■ Disputed		
Debtor 2 only			Type of NONPRIORITY unsecured claim:		
Debtor 1 and Debtor 2 only  At least one of the debtors and a	nother		Student loans		
			<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>		
Check if this claim is for a co	ommunity debt		Debts to pension or profit-sharing plans, and other similar debts		
the claim subject to offset?			Other. Specify RETAIL CARD		

2725						
98	- 1	ΝР	77	ĸ		
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ш.	-		ь.	и.	e in	

Your NONPRIORITY Unsecured Claims — Continuation Page

listing any entries on this p	age, number th	em beginning wit	h 4.4, followed by 4.5, and so forth.	Total c	
FIRST NATIONAL BAN	K GRANBUR	Y	Last 4 digits of account number 4 2 9 6	\$147	
Nonpriority Creditor's Name 1905 S MORGAN STRE	EET		When was the debt incurred? 06/01/2017		
Number Street	TX	76048	As of the date you file, the claim is: Check all that apply.		
GRANBURY	State	ZIP Code	Contingent		
Oity			Unfiquidated		
Who incurred the debt? Check	one.		☐ Disputed		
Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:		
Debtor 2 only  Debtor 1 and Debtor 2 only			☐ Student loans		
At least one of the debtors and	l another		Obligations arising out of a separation agreement or divorce that		
☐ Check if this claim is for a community debt			you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts		
			Other. Specify CHECKING ACCOUNT		
☑ No ☑ Yes					
elektrika terpenyan orangan panasara pentasara pendida ang kantanan pendapan pana anda ana pendapan da da basas	ensocature constaciologospocat; costo principal en ese en especiales en ese		Last 4 digits of account number 9 6 8	\$3	
FORT WORTH HEART Nonpriority Creditor's Name	<u>ra</u>		When was the debt insurred? 10/01/2018		
PO BOX 202530			When was the debt incurred?		
Number Street	TX	78720	As of the date you file, the claim is: Check all that apply.		
AUSTIN Dity	State	ZIP Code	Contingent		
•			Unliquidated		
Who incurred the debt? Check	one.		☐ Disputed		
Debtor 1 only			Type of NONPRIORITY unsecured claim:		
Debtor 2 only Debtor 1 and Debtor 2 only			☐ Student loans		
At least one of the debtors and	another		Obligations arising out of a separation agreement or divorce that		
Check if this claim is for a	community debt		you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts		
s the claim subject to offset?	•		✓ Other. Specify MEDICAL		
No					
☐ Yes		CONSTRUCTION OF THE STREET OF			
FUNDRAISING DOTS			Last 4 digits of account number 5 7 5 9	<u>\$22</u>	
Nonpriority Creditor's Name 27285 LAS RAMBLAS S	STE 210		When was the debt incurred? $02/01/2015$		
lumber Street	CA	92691	As of the date you file, the claim is: Check all that apply.		
MISSION VIEJO	State	ZIP Code	Contingent		
			Unliquidated		
Vho incurred the debt? Check	one.		☐ Disputed		
Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:		
Debtor 2 only  Debtor 1 and Debtor 2 only			☐ Student loans		
At least one of the debtors and	another		Obligations arising out of a separation agreement or divorce that		
Check if this claim is for a c	community debt		you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts		
s the claim subject to offset?	at .		✓ Other. Specify FUNDRAISER		
No					
Yes					

Debtor 1 CaseVII9-407355- First Name Middle No.  Part 2: Your NONPRIORIT	ame Last N	<u>M</u> P	· · · · · · · · · · · · · · · · · · ·	82
After listing any entries on this	page, number th	nem beginning wi	th 4.4, followed by 4.5, and so forth.	Total clain
GRANBURY HOOD CON Nonpriority Creditor's Name 2200 COMMERCIAL LANDRE Street GRANBURY City  Who incurred the debt? Chect Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and Is the claim subject to offset?  No Yes	TX State k one. d another	76048 ZIP Code	Last 4 digits of account number 0 3 0 3  When was the debt incurred? 11/01/2017  As of the date you file, the claim is: Check all that apply.  □ Contingent □ Unliquidated □ Disputed  Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify MEDICAL	\$ <u>1,416.0</u>
LAKE GRANBURY MEINonpriority Creditor's Name PO BOX 1280 Number Street OAKS City  Who incurred the debt? Check Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and Check if this claim is for a Is the claim subject to offset? No Yes	PA State	ER  19456  ZIP Code	Last 4 digits of account number 7 1 6 8  When was the debt incurred? 12/01/2018  As of the date you file, the claim is: Check all that apply.  □ Contingent □ Unliquidated □ Disputed  Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify MEDICAL	\$138.9
LAKE GRANBURY MED Nonpriority Creditor's Name PO BOX 1280 Number Street OAKS City Who incurred the debt? Check Debtor 1 only	PA State	:R 19456 ZIP Code	Last 4 digits of account number 8 4 2 7  When was the debt incurred? 11/01/2017  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:	\$ <u>8,409.92</u>

Debtor 2 only

Debtor 1 and Debtor 2 only

At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

Type of Non-Rioki 1 disectived claim.

Student loans

Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

Other. Specify MEDICAL

☐ Yes

Your NONPRIORITY Unsecured Claims - Continuation Page Part 2: **Total claim** After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. 6.5 Last 4 digits of account number 9 4 8 0 702.38 LAKE GRANBURY MEDICAL CENTER Nonpriority Creditor's Name 12/01/2017 When was the debt incurred? PO BOX 1280 Number Street As of the date you file, the claim is: Check all that apply. 19456 PA OAKS City State ZIP Code Contingent Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only ☐ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Other, Specify MEDICAL Is the claim subject to offset? **Ø** No ☐ Yes 6.6 Last 4 digits of account number 0 0 1 4 488.24 LAKE GRANBURY MEDICAL CENTER Nonpriority Creditor's Name 12/01/2017 When was the debt incurred? PO BOX 1280 Number As of the date you file, the claim is: Check all that apply. **OAKS** PA 19456 ZIP Code City State Contingent Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only ☐ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Other, Specify MEDICAL Is the claim subject to offset? M No ☐ Yes 873.00 6.7 Last 4 digits of account number 4 7 1 4 LONGHORN EMERGENCY MEDICAL Nonpriority Creditor's Name 11/01/2017 When was the debt incurred? PO BOX 740021 Number Street As of the date you file, the claim is: Check all that apply. 45274 OH CINCINNATI Contingent State ZIP Code Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only ☐ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

Other. Specify MEDICAL

☑ No ☐ Yes

☐ Check if this claim is for a community debt

Is the claim subject to offset?

Debtor 1 Case 19-407-39-mxm7 Down Page 02/22/19 Entered 02/22/19-15:31:10 Page 34 of 82

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	<b>3000</b> Y	
	77.1	
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## Your NONPRIORITY Unsecured Claims — Continuation Page

listing any entries on this pa	ge, number th	em beginning wi	th 4.4, followed by 4.5, and so forth.	Total cla
MINERAL WELLS HOUS	ING AUTHO	ORITY	Last 4 digits of account number 4 3 7 8  When was the debt incurred? 06/01/2017	<sub>\$</sub> 592
200 N E 27TH STREET				
Number Street MINERAL WELLS City	TX State	76067	As of the date you file, the claim is: Check all that apply.  Contingent	
Who incurred the debt? Check o		211 0000	Unliquidated Disputed	
Debtor 1 only Debtor 2 only			Type of <b>NONPRIORITY</b> unsecured claim:	
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another			<ul> <li>Student loans</li> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
☐ Check if this claim is for a co s the claim subject to offset? ☑ No ☑ Yes	ommunity debt		☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify APARTMENT LEASE	
VAVIENT			Last 4 digits of account number 2 5 2 9	\$ 88,697
lonpriority Creditor's Name PO BOX 9635			When was the debt incurred? 07/01/2007	
umber Street VILKES-BARRE	PA	18773	As of the date you file, the claim is: Check all that apply.	
ity  Who incurred the debt? Check on	State e.	ZIP Code	☐ Contingent ☐ Unliquidated ☐ Disputed	
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only			Type of <b>NONPRIORITY</b> unsecured claim:  Student loans	
At least one of the debtors and another			Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Check if this claim is for a co the claim subject to offset?	minunity debt		☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
I Yes  EVADA TITLE AND PAY	TOAY I OAN	y no anno stata karake engale e de eng	Last 4 digits of account number 0 6 9 6	\$560
onpriority Creditor's Name  151 N CARSON STREE		and the state of t	When was the debt incurred? 12/01/2005	
imber Street ARSON CITY	NV	89706 ZIP Code	As of the date you file, the claim is: Check all that apply.	
y ho incurred the debt? Check one	State	ZIP Code	☐ Contingent ☐ Unliquidated ☐ Disputed	
Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only  At least one of the debtors and an	other		<ul><li>Student loans</li><li>Obligations arising out of a separation agreement or divorce that</li></ul>	
Check if this claim is for a cor			you did not report as priority claims	
the claim subject to offset?	•		☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify PAYDAY LOAN	

Debtor 1 Carry 19-40799 Emxm7 Down 19-40799 Entered 02/22/19 Entered 02/22/19 Entered 02/22/19 Page 35 of 82

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	an	á al	74
A. III			

## Your NONPRIORITY Unsecured Claims — Continuation Page

r listing any entries on this page, numb	er them beginning with	1 4.4, followed by 4.5, and so forth.	Total claim
PALO PINTO GENERAL HOSPIT	ΓAL	Last 4 digits of account number 1 5 3 8	\$815.0
Nonpriority Creditor's Name 400 SW 25TH AVENUE		When was the debt incurred? 12/01/2016	
Number Street MINERAL WELLS TX	X 76067	As of the date you file, the claim is: Check all that apply.	
City State		Contingent	
Who incurred the debt? Check one.		Unliquidated	
Debtor 1 only		☐ Disputed	
Debtor 2 only		Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only  At least one of the debtors and another		Student loans	
		Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Check if this claim is for a community	debt	Debts to pension or profit-sharing plans, and other similar debts	
s the claim subject to offset?  ☑ No ☑ Yes		☑ Other. Specify_MEDICAL	
		Last 4 digits of account number 9 3 8 0	\$ 1,460.0
PALO PINTO GENERAL HOSPIT Inpriority Creditor's Name	AL	<del>-</del>	φ, 1, 100.0
400 SW 25TH AVENUE		When was the debt incurred? $01/01/2017$	
lumber Street MINERAL WELLS TX	76067	As of the date you file, the claim is: Check all that apply.	
MINERAL WELLS TX		Contingent	
What is a sound that daht O Charles		Unliquidated	
Who incurred the debt? Check one.  Debtor 1 only		☐ Disputed	
Debtor 2 only		Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only		☐ Student loans	
At least one of the debtors and another		<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>	
Check if this claim is for a community of	lebt	Debts to pension or profit-sharing plans, and other similar debts	
the claim subject to offset?		☑ Other. Specify MEDICAL	
☑ No ☑ Yes			
ARKER EMERGENCY MEDICAL	_ ASSOCIATION	Last 4 digits of account number 4 8 3 4	\$ 400.00
onpriority Creditor's Name		When was the debt incurred? 04/01/2015	
00 CORPORATE BLVD STE 201 umber Street			
AFAYETTE LA	70508	As of the date you file, the claim is: Check all that apply.	
ty State	ZIP Code	☐ Contingent	
ho incurred the debt? Check one.		☐ Unliquidated ☐ Disputed	
Debtor 1 only			
Debtor 2 only		Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only  At least one of the debtors and another		<ul><li>Student loans</li><li>Obligations arising out of a separation agreement or divorce that</li></ul>	
Check if this claim is for a community d	eht	you did not report as priority claims	
the claim subject to offset?	···	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify MEDICAL	
No Yes		Other, Specify MEDIOAL	

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1 DAVID LEE JUMPER
First Name Middle Name Last Name Entered 02/22/19 15:31:10 Page 36 of 82

Debtor 1

Case number (if known)\_

Pa	17t 2: Your NONPRIORITY Unsecure	d Claims — Contine	uation Page	
Afi	ter listing any entries on this page, number	r them beginning with	1 4.4, followed by 4.5, and so forth.	Total claim
7.4	PROGRESSIVE INSURANCE		Last 4 digits of account number 3 4 1 4	<sub>\$</sub> 263.33
and Control of the Co	Nonpriority Creditor's Name 6300 WILSON MILLS RD BOX W3	33	When was the debt incurred? 05/01/2017	
OTTO-TO-TO-TO-TO-TO-TO-TO-TO-TO-TO-TO-TO	Number Street MAYFIELD VILLAGE OH City State	44143 ZIP Code	As of the date you file, the claim is: Check all that apply.  — Contingent	
	Who incurred the debt? Check one.  Debtor 1 only		☐ Unliquidated☐ Disputed	
	Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another		Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community do  Is the claim subject to offset?  ☑ No ☐ Yes	ebt	you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify CAR INSURANCE	
7.5	QUESTCARE ER N HILLS	and and an experimental control of the control of t	Last 4 digits of account number 8 4 6 6	\$475.00
	Nonpriority Creditor's Name 4401 BOOTH CALLOWAY ROAD		When was the debt incurred? 05/01/2013	
	NUmber Street  NORTH RICHLAND HILLS TX  City State	76180 ZIP Code	As of the date you file, the claim is: Check all that apply.  Contingent	
page	Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community de ls the claim subject to offset?  No Yes	<b>bt</b>	<ul> <li>Unliquidated</li> <li>Disputed</li> <li>Type of NONPRIORITY unsecured claim:</li> <li>Student loans</li> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>Debts to pension or profit-sharing plans, and other similar debts</li> <li>✓ Other. Specify MEDICAL</li> </ul>	
	QUEST DIAGNOSTIC INCORPORA Nonpriority Creditor's Name 805 HILL BLVD UNIT 108	ATED	Last 4 digits of account number 0 4 2 1  When was the debt incurred? 11/01/2017	<sub>\$</sub> 148.48
	Number Street GRANBURY TX	76048	As of the date you file, the claim is: Check all that apply.	
	City State  Who incurred the debt? Check one.	ZIP Code	☐ Contingent ☐ Unliquidated ☐ Disputed	TOTAL
	☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another		Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that	***************************************
I	☐ Check if this claim is for a community deb Is the claim subject to offset? ☑ No ☐ Yes	ot	you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify MEDICAL	

Debtor 1

DAVID

LEE

JUMPER

Case number (if known)\_

Part 2: Your NONPRIORITY Unsecured Claims — Continuation Page

after listing any entries on this pa	age, number the	m beginning wi	th 4.4, followed by 4.5, and so forth.	Total claim
7 RADIOLOGY OF NORT	H TEXAS		Last 4 digits of account number T C R A	\$ <u>168.00</u>
Nonpriority Creditor's Name PO BOX 1723			When was the debt incurred? $\frac{11/01/2017}{1}$	
Number Street INDIANAPOLIS	IN	46206	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	Contingent	
Who incurred the debt? Check of	one.		☐ Unliquidated ☐ Disputed	
Debtor 1 only			·	
Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
At least one of the debtors and	another		☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a c	community debt		you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?			Other. Specify MEDICAL	
☑ No ☐ Yes				
SANTANDER		and de vincue-break yn angege en yngegoedd geg og defen y di defe da general ac saw di an sie de bleve de fe	Last 4 digits of account number _1000_	\$_4,199.50
Nonpriority Creditor's Name			When was the debt incurred? 02/01/2017	
PO BOX 961245  Number Street			An of the date year file the plains in Oberland that each	
FORT WORTH	TX State	76161 ZIP Code	As of the date you file, the claim is: Check all that apply.	
·		Zir Gode	☐ Contingent☐ Unliquidated	
Who incurred the debt? Check o	ne.		☐ Disputed	
Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only			☐ Student loans	
At least one of the debtors and a			Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Check if this claim is for a co	ommunity debt		Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?  ✓ No			☑ Other. Specify VEHICLE LOAN	
Yes				
SECURITY FINANCE	di obelgine hali de dan bisa di sekeran u sisan utauren di sekeran iku (zai di sekeran bisa (zai di sekeran bis	derening der dien der der die dien verleicht der	Last 4 digits of account number 7 7 4 7	\$290.00
Nonpriority Creditor's Name	***************************************		When was the debt incurred? 11/28/2018	
722 E HIGHWAY 377 Number Street			- When was the dept incurred?	
GRANBURY	TX	76048	As of the date you file, the claim is: Check all that apply.	The property of the
City	State	ZIP Code	Contingent	
Who incurred the debt? Check or	ne.		☐ Unliquidated ☐ Disputed	
Debtor 1 only				
Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
At least one of the debtors and ar	nother		☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a co	mmunity debt		you did not report as priority claims	
Is the claim subject to offset?	-		☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify PERSONAL LOAN	
☑ No ☐ Yes				

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Debtor 1

LEE Middle Name

er
er

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Total claim 8.0 Last 4 digits of account number 2 6 0 2 SOCIAL SECURITY ADMINISTRATION \$31,117.00 Nonpriority Creditor's Name 11/01/2017 When was the debt incurred? 601 EAST TWELFTH STREET Number Street As of the date you file, the claim is: Check all that apply. KANSAS CITY MO 64106 ZIP Code State Contingent ☐ Unliquidated Who incurred the debt? Check one. ☐ Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ Debtor 1 and Debtor 2 only Student loans ☐ At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Other. Specify OVER PAYMENT Is the claim subject to offset? M No ☐ Yes 8.1 Last 4 digits of account number 0 6 2 6 \$ 2,431.00 SPRINT Nonpriority Creditor's Name 03/01/2017 When was the debt incurred? PO BOX 4191 Number As of the date you file, the claim is: Check all that apply. 60197 CAROL STREAM 11 State ZIP Code Contingent Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only ☐ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts ✓ Other. Specify CELL PHONE BILL Is the claim subject to offset? **M** No Yes 8.2 297.16 Last 4 digits of account number 8 0 0 6 SUDDENLINK Nonpriority Creditor's Name 03/01/2014 When was the debt incurred? PO BOX 742353 Number Street As of the date you file, the claim is: Check all that apply. OH 45274 CINCINNATI ZIP Code Contingent ☐ Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only ☐ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other. Specify UTILITIES ☑ No ☐ Yes

Debtor 1

First Name Middle Name Last Name Case number (if known)\_

TARLETON STATE UN	IVERSITY		Last 4 digits of account number 4 2 9 9	<sub>\$</sub> 5,491.0
Nonpriority Creditor's Name		de Andrea de Companyo de C	When was the debt incurred? 09/01/2016	\$_0,401.0
1333 W WASHINGTON Number Street			As of the date you file, the claim is: Check all that apply.	
STEPHENVILLE City	State	76401 ZIP Code		
Who incurred the debt? Check		ZIF COUR	☐ Contingent☐ Unliquidated☐ Disputed☐	
Debtor 1 only  Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only			☐ Student loans	
At least one of the debtors and	another		Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a	community debt	:	you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?			Other. Specify COLLEGE TUITION	
☑ No ☑ Yes				
		es de anomaio prominente esta formanda la sena sem sem sem side del del confedencia de altra de la section de a		માત્ર-દુરા ભારત ૧૫.૬૧ માત્રા માત્ર ભાગ
T-MOBILE			Last 4 digits of account number 1 5 5 4	\$ <u>412.72</u>
Nonpriority Creditor's Name			When was the debt incurred? 02/01/2018	
PO BOX 742596 Jumber Street				
CINCINNATI	ОН	45274	As of the date you file, the claim is: Check all that apply.	
lity	State	ZIP Code	Contingent	
Vho incurred the debt? Check of	one.		☐ Unliquidated☐ Disputed	
Z Debtor 1 only				
Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
At least one of the debtors and	another		<ul><li>Student loans</li><li>Obligations arising out of a separation agreement or divorce that</li></ul>	
Check if this claim is for a c	ommunity debt		you did not report as priority claims	
s the claim subject to offset?	,		☐ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify CELL PHONE BILL	
Z No			Other. Specify CELET FIONE BILE	
Yes				
inducer use a consider water use to be forest an even according to the description as the consideration of the con	kah tara-bah napira-bah sebanjan pilangan palangan pangan pangan pangan pangan pangan pangan pangan pangan pan	ndikata kaban sebah pentikan interpretasion Anthroprise pentikan pentikan pentikan pentikan sebah sebah sebah Sebah sebah se	Last 4 digits of account number 0 0 0 4	\$_1,130.00
TOLEDO FINANCE Nonpriority Creditor's Name				
112 TENAHA STREET			When was the debt incurred? 09/01/2012	
lumber Street CENTER	TX	75935	As of the date you file, the claim is: Check all that apply.	
Sity	State	ZIP Code	Contingent	
Who incurred the debt? Check o			Unliquidated	
Vno Incurred the debt? Check of Debtor 1 only	ne.		☐ Disputed	
Debtor 1 only  Debtor 2 only			Type of NONPRIORITY unsecured claim:	:
Debtor 1 and Debtor 2 only			☐ Student loans	
At least one of the debtors and a	nother		Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a co	mmunity debt		you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
the claim subject to offset?			other. Specify PERSONAL LOAN	
No				
Yes				

Pa	rt 2: Your NONPRIORITY Uns	ecured (	Claims — Contin	uation Page		
Aft	er listing any entries on this page, r	number th	em beginning wit	h 4.4, followed by 4.5, and so forth.	To	otal claim
8.6	TOLEDO FINANCE			Last 4 digits of account number 0 0 5	\$	483.0
	Nonpriority Creditor's Name 112 TENAHA STREET			When was the debt incurred? 08/01/2016		
D-sales (page 1)	Number Street CENTER	TX	75935	As of the date you file, the claim is: Check all that apply.		
ede distribution of the second possibility in	Who incurred the debt? Check one.	State	ZIP Code	Contingent Unliquidated Disputed		
	<ul> <li>☑ Debtor 1 only</li> <li>☑ Debtor 2 only</li> <li>☑ Debtor 1 and Debtor 2 only</li> <li>☑ At least one of the debtors and anothe</li> <li>☑ Check if this claim is for a commit</li> </ul>			Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	Is the claim subject to offset?  ☑ No ☐ Yes			Debts to pension or profit-sharing plans, and other similar debts  Other. Specify PERSONAL LOAN		
8.7	UT SOUTHWESTERN MEDIC	CAL CEI	NTER	Last 4 digits of account number 5 1 2 9	\$	45.97
	Nonpriority Creditor's Name PO BOX 2090			When was the debt incurred? 12/01/2017		
	Number Street MORRISVILLE	NC	27560	As of the date you file, the claim is: Check all that apply.		
	Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	State	ZIP Code	☐ Contingent ☐ Unliquidated ☐ Disputed  Type of NONPRIORITY unsecured claim: ☐ Student loans		
	☐ At least one of the debtors and another☐ Check if this claim is for a commu  Is the claim subject to offset?			Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts		
	✓ No  Yes			☑ Other. Specify MEDICAL		
	WEATHERFORD REGIONAL Nonpriority Creditor's Name	MEDICA	AL CENTER	Last 4 digits of account number 7 0 0 0	\$ <u>1</u> ,	,905.00
	713 E ANDERSON STREET			When was the debt incurred? 10/01/2016		
1	Number Street WEATHERFORD	TX	76086	As of the date you file, the claim is: Check all that apply.		
١	Who incurred the debt? Check one. ☐ Debtor 1 only	State	ZIP Code	☐ Contingent☐ Unliquidated☐ Disputed☐		
[	Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another			Type of <b>NONPRIORITY</b> unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that		***************************************
ls	☐ Check if this claim is for a commur s the claim subject to offset? ☑ No	ity debt		you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify MEDICAL		Maring and the control of the contro
	Yes					

Debtor 1

Case number (if known)\_

Pa	rt 2: Your NONPRIORITY Uns	ecured	Claims — Contii	nuation Page				
Aft	er listing any entries on this page, ı	number tł	nem beginning wi	th 4.4, followed by 4.5, and so forth.	Total claim			
8.9	WESTERN FINANCE			Last 4 digits of account number 8 - 3 3	s 1,916.3			
Olya Haldest Milandon	Nonpriority Creditor's Name 1323 N PLAZA DRIVE			When was the debt incurred? 11/01/2018	Ψ,7=			
(A) TO TO CONTRACT	Number Street GRANBURY	TV	76049	As of the date you file, the claim is: Check all that apply.				
in de la companya de	City  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and anothe Check if this claim is for a comm Is the claim subject to offset?  No Yes		76048 ZIP Code	Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify PERSONAL LOAN				
9.0	WESTERN SHAMROCK	yedooloogi yeeyaanaa kaasaa kaasaa kaasaa	alytisce koogenah divisiinensia galaisja suutsia pahilid kilassoonyssi suutsia suutsia suutsi	Last 4 digits of account number 4 9 8 2	\$ 924.00			
	Nonpriority Creditor's Name  801 S ABE STREET STE 2A			When was the debt incurred? 08/01/2016				
	Number Street SAN ANGELO	TX	76903	<ul> <li>As of the date you file, the claim is: Check all that apply.</li> </ul>				
	City	State	ZIP Code	Contingent				
	Who incurred the debt? Check one.			☐ Unliquidated☐ Disputed				
	Debtor 1 only			•				
	Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:				
	At least one of the debtors and another	•		<ul><li>Student loans</li><li>Obligations arising out of a separation agreement or divorce that</li></ul>				
	Check if this claim is for a commu	nity debt		you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts				
	Is the claim subject to offset?			Other. Specify PERSONAL LOAN				
	<b>☑</b> No □ Yes							
	WESTERN SHAMROCK		એલી ઉપરન્ન લાંકા વ્યવસાયના ભાગતના નિર્વા કરવા કરવા કરવા કરવા હતા. જેવા કર્યા કરવા કરવા કરવા કરવા કરવા કરવા કરવા કરવ	Last 4 digits of account number $0 0 0 2$	\$ <u>478.00</u>			
	Nonpriority Creditor's Name BO1 S ABE STREET STE 2A			When was the debt incurred? $\frac{11/01/2011}{11/01/2011}$				
Ī	Number Street SAN ANGELO	TX	76903	As of the date you file, the claim is: Check all that apply.				
_	City	State	ZIP Code	Contingent				
١	Who incurred the debt? Check one.			☐ Unliquidated ☐ Disputed				
	Debtor 1 only							
	Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:				
_	At least one of the debtors and another			☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that				
	Check if this claim is for a commur	nity debt		you did not report as priority claims				
l	s the claim subject to offset?			<ul> <li>☑ Debts to pension or profit-sharing plans, and other similar debts</li> <li>☑ Other. Specify PERSONAL LOAN</li> </ul>				
	☑ No ☑ Yes							

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ebtor 1	DAVID	LEE	JUMPER JUMPER	122113	Case number (if known)	1 age 42 01 02
	First Name	Middle Name	Last Name		The state of the s	

Part 2: Your NONPRIORITY Unsecured Claims — Contin	nuation Page	
After listing any entries on this page, number them beginning wit	th 4.4, followed by 4.5, and so forth.	Total clain
wisconsin auto title loans	Last 4 digits of account number 2 2 0 0	<sub>\$</sub> 1,661.8
Nonpriority Creditor's Name 728 S MILITARY AVENUE	When was the debt incurred? $01/01/2012$	
Number Street GREEN BAY WI 54304	As of the date you file, the claim is: Check all that apply.	
City State ZIP Code  Who incurred the debt? Check one.  ☐ Debtor 1 only	☐ Contingent ☐ Unliquidated ☐ Disputed	
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
<ul> <li>□ Debtor 1 and Debtor 2 only</li> <li>□ At least one of the debtors and another</li> <li>□ Check if this claim is for a community debt</li> <li>Is the claim subject to offset?</li> <li>☑ No</li> <li>□ Yes</li> </ul>	<ul> <li>☐ Student loans</li> <li>☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>☐ Debts to pension or profit-sharing plans, and other similar debts</li> <li>☑ Other. Specify PERSONAL LOAN</li> </ul>	
SECURIO DE LOS D	Last 4 digits of account number	seneral account new season and account of the season account of th
Nonpriority Creditor's Name	When was the debt incurred?	
Number Street	— As of the date you file, the claim is: Check all that apply.	
City State ZIP Code	☐ Contingent ☐ Unliquidated	
Who incurred the debt? Check one.  ☐ Debtor 1 only ☐ Debtor 2 only	☐ Disputed  Type of NONPRIORITY unsecured claim:	
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	<ul> <li>Student loans</li> <li>Obligations arising out of a separation agreement or divorce that</li> </ul>	
☐ Check if this claim is for a community debt  Is the claim subject to offset? ☐ No ☐ Yes	you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify	
The contract of the contract o	Last 4 digits of account number	S
Nonpriority Creditor's Name	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
City State ZIP Code  Who incurred the debt? Check one.	Contingent Unliquidated Disputed	
☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
At least one of the debtors and another	<ul><li>Student loans</li><li>Obligations arising out of a separation agreement or divorce that</li></ul>	
☐ Check if this claim is for a community debt	you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset? ☐ No ☐ Yes	Other. Specify	

#### Part 3:

#### List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. IC SYSTEM COLLECTIONS On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.1 of (Check one): Part 1: Creditors with Priority Unsecured Claims PO BOX 64378 Number Street Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number 7 6 9 1 ST PAUL MN 55164 City ZIP Code On which entry in Part 1 or Part 2 did you list the original creditor? **USCB CORPORATION** Line 4.3 of (Check one): 

Part 1: Creditors with Priority Unsecured Claims 761 SCRANTON CARBONDALE HWY Part 2: Creditors with Nonpriority Unsecured Claims UNIT #6 18403 PA **EYNON** Last 4 digits of account number 2 0 0 2 ZIP Code State FRANKLIN COLLECTION SERVICE On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.4 of (Check one): Part 1: Creditors with Priority Unsecured Claims PO BOX 3910 Part 2: Creditors with Nonpriority Unsecured Number Street Claims 38803 MS **TUPELO** Last 4 digits of account number 2 9 5 3 ZIP Code State On which entry in Part 1 or Part 2 did you list the original creditor? IC SYSTEM COLLECTIONS Name Line 4.5 of (Check one): Part 1: Creditors with Priority Unsecured Claims PO BOX 64378 Part 2: Creditors with Nonpriority Unsecured Number Claims ST PAUL MN 55164 Last 4 digits of account number 0 5 5 9 State ZIP Code On which entry in Part 1 or Part 2 did you list the original creditor? IC SYSTEM COLLECTIONS Line 4.6 of (Check one): Part 1: Creditors with Priority Unsecured Claims PO BOX 64378 Part 2: Creditors with Nonpriority Unsecured Number Street Claims ST PAUL MN 55164 Last 4 digits of account number 5 3 7 4 ZIP Code State City On which entry in Part 1 or Part 2 did you list the original creditor? **ERC** Name Line 4.8 of (Check one): Part 1: Creditors with Priority Unsecured Claims PO BOX 57547 Part 2: Creditors with Nonpriority Unsecured Claims 32241 Last 4 digits of account number 8 7 1 5 **JACKSONVILLE** FL ZIP Code MIDLAND CREDIT MANAGEMENT On which entry in Part 1 or Part 2 did you list the original creditor? 2365 NORTHSIDE DRIVE STE 300 Line 5.0 of (Check one): 

Part 1: Creditors with Priority Unsecured Claims Number Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 3 2 4 4

CA

State

92108

ZIP Code

SAN DIEGO

#### Part 3:

### List Others to Be Notified About a Debt That You Already Listed

CREDIT ADJUSTMEN	IT CO		On which entry in Part 1 or Part 2 did you list the original creditor?				
Name 2601 NW EXPWY STE	E 1000E		Line <u>5.1</u> of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims				
Number Street			Part 2: Creditors with Nonpriority Unsecured Claim				
			Last 4 digits of account number 1 4 7 2				
OKLAHOMA CITY	OK State	73112 ZIP Code					
CREDIT ADJUSTMEN	TCO	de fact with a final design of the graph of	On which entry in Part 1 or Part 2 did you list the original creditor?				
2601 NW EXPWY STE	1000E		Line 5.2 of (Check one):  Part 1: Creditors with Priority Unsecured Claims				
Number Street	. 10002		Part 2: Creditors with Nonpriority Unsecured				
OKLAHOMA CITY	OK	73112	Claims  Last 4 digits of account number 1 5 7 1				
	State	ZIP Code					
CREDIT ADJUSTMEN	T CO		On which entry in Part 1 or Part 2 did you list the original creditor?				
2601 NW EXPWY STE	1000E		Line <u>5.3</u> of ( <i>Check one</i> ): □ Part 1: Creditors with Priority Unsecured Claims				
Number Street			Part 2: Creditors with Nonpriority Unsecured Claims				
OKLAHOMA CITY	OK	73112 ZIP Code	Last 4 digits of account number 1 5 8 7				
CREDIT ADJUSTMEN	State T CO		On which entry in Part 1 or Part 2 did you list the original creditor?				
Name			Line 5.4 of (Check one):   Part 1: Creditors with Priority Unsecured Claims				
2601 NW EXPWY STE	1000E		Part 2: Creditors with Nonpriority Unsecured				
			Claims				
OKLAHOMA CITY	OK State	73112 ZIP Code	Last 4 digits of account number 1 7 9 5				
CREDIT ADJUSTMENT	on the street of		On which entry in Part 1 or Part 2 did you list the original creditor?				
Name							
2601 NW EXPWY STE	1000E		Line <u>5.5</u> of ( <i>Check one</i> ): ☐ Part 1: Creditors with Priority Unsecured Claims  ☑ Part 2: Creditors with Nonpriority Unsecured				
vumper Street			Claims				
OKLAHOMA CITY	OK State	73112 ZIP Code	Last 4 digits of account number 1 8 0 0				
CONVERGENT OUTSO	DURCING	INC	On which entry in Part 1 or Part 2 did you list the original creditor?				
Name 800 SW 39TH STREET			Line 5.7 of (Check one): Part 1: Creditors with Priority Unsecured Claims				
lumber Street			Part 2: Creditors with Nonpriority Unsecured				
RENTON	WA	98057	Claims  Last 4 digits of account number 2 4 3 3				
Dity control control and the state of the st	State	ZIP Code					
VNV FUNDING LLC			On which entry in Part 1 or Part 2 did you list the original creditor?				
325 PILOT ROAD STE 2	2/3		Line 5.8 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims				
lumber Street			Part 2: Creditors with Nonpriority Unsecured Claims				
AS VEGAS	NV	89119	Last 4 digits of account number 3 6 8 8				
		ZIP Code					

Debtor 1

Case number (if known)

Part 3:

### List Others to Be Notified About a Debt That You Already Listed

NATIONAL SERVIC	E BUREAU		On which entry in Part 1 or Part 2 did you list the original creditor?
PO BOX 747			Line 6.1 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured Claim
BOTHELL	WA	98041	Last 4 digits of account number 5 7 5 9
City  City	State	ZIP Code	
MEDICAL REVENUE	E SERVICE_		On which entry in Part 1 or Part 2 did you list the original creditor?
PO BOX 938			Line 6.4 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured
		TOO AND	Claims
VERO BEACH City	FL State	32961 ZIP Code	Last 4 digits of account number 8 4 2 7
MEDICAL REVENUE	SERVICE		On which entry in Part 1 or Part 2 did you list the original creditor?
PO BOX 938			Line 6.5 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured Claims
VERO BEACH	FL State	32961 ZIP Code	Last 4 digits of account number 9 4 8 0
WAKEFIELD AND AS	venimiskuminio pieto irikos repokutantija (ekologoji, et	annikestelesen anniversitelesen anniversitelesen op grave en even	On which entry in Part 1 or Part 2 did you list the original creditor?
PO BOX 59003			Line <u>6.6</u> of ( <i>Check one</i> ): ☐ Part 1: Creditors with Priority Unsecured Claims
Number Street		***************************************	Part 2: Creditors with Nonpriority Unsecured Claims
KNOXVILLE	TN State	45273 ZIP Code	Last 4 digits of account number 9 4 8 6
HRRG	en version de l'anne en version de l'anne		On which entry in Part 1 or Part 2 did you list the original creditor?
Name PO BOX 5406			Line 6.7 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
Number Street		·	Part 2: Creditors with Nonpriority Unsecured
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Claims
CINCINNATI	ОН	45273	Last 4 digits of account number 2 8 9 5
Dity DIMAB LLC	State  outerly third possible mediculus in mediculus plates in the production construction of the production of the prod	ZIP Code  szentfoldrásajá trijádásanus éjelepeseti sajadalásásásanus negyejejese	On which entry in Part 1 or Part 2 did you list the original creditor?
lame			71 (2) ( ) [ ] [ ] ( ) [ ]
4135 SOUTH STREA	M BLVD		Line <u>7.1</u> of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  ☑ Part 2: Creditors with Nonpriority Unsecured
			Claims
CHARLOTTE	NC	28217	Last 4 digits of account number 1 5 3 8
	State	ZIP Code	
PMAB LLC	***************************************		On which entry in Part 1 or Part 2 did you list the original creditor?
135 SOUTH STREAM	M BLVD		Line 7.2 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
umber Street	1 1001-01	•	☑ Part 2: Creditors with Nonpriority Unsecured
			Claims
HARLOTTE	NC	28217	Last 4 digits of account number 9 3 8 0
ty	State	ZIP Code	

### Part S: List Others to Be Notified About a Debt That You Already Listed

PHOENIX FINANCIA	L SERVICE	S LLC	On which entry in Part 1 or Part 2 did you list the original creditor?			
8902 OTIS AVE STE	103A		Line <u>7.3</u> of (Check one):  Part 1: Creditors with Priority Unsecured Claims			
Number Street	, - · , · — — — — — — — — — — — — — — — — —		Part 2: Creditors with Nonpriority Unsecured Claims			
INDIANAPOLIS	IN	46216	Last 4 digits of account number 5 9 3 0			
City	State	ZIP Code				
CREDIT COLLECTIO	N SERVICE	S	On which entry in Part 1 or Part 2 did you list the original creditor?			
725 CANTON STREE	ΕT		Line 7.4 of (Check one):  Part 1: Creditors with Priority Unsecured Claims			
Number Street		W	Part 2: Creditors with Nonpriority Unsecured			
			Claims			
NORWOOD City	MA State	02062 ZIP Code	Last 4 digits of account number 7 8 2 7			
EMERGENT PORTFO	OLIO SERVI	CES	On which entry in Part 1 or Part 2 did you list the original creditor?			
PO BOX 190			Line 7.6 of (Check one):  Part 1: Creditors with Priority Unsecured Claims			
Number Street			Part 2: Creditors with Nonpriority Unsecured Claims			
HORSHAM	PA	19044	Last 4 digits of account number 2 8 9 9			
ENHANCED RECOVE	State  Story  State	ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor?			
Name			Line 7.9 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims			
PO BOX 57547 Number Street			Part 2: Creditors with Nonpriority Unsecured			
			Claims			
JACKSONVILLE City	FL State	32241 ZIP Code	Last 4 digits of account number <u>0</u> <u>6</u> <u>2</u> <u>6</u>			
CONVERGENT OUTS	SOURCING		On which entry in Part 1 or Part 2 did you list the original creditor?			
800 SW 39TH STREE	Т		Line 8.0 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims			
Number Street			Part 2: Creditors with Nonpriority Unsecured Claims			
RENTON	WA	98057	Last 4 digits of account number 6 2 4 2			
city WILLIAMS AND FUDG	State SE INC	ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor?			
Name						
PO BOX 266 Number Street			Line 8.1 of (Check one): Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured			
			Claims			
ROCK HILL	SC State	29731 ZIP Code	Last 4 digits of account number 4 2 9 9			
C SYSTEM COLLECT	IONS		On which entry in Part 1 or Part 2 did you list the original creditor?			
PO BOX 64437			Line 8.2 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims			
umber Street			Part 2: Creditors with Nonpriority Unsecured Claims			
ST PAUL	MN	55164	Last 4 digits of account number 1 5 5 4			
ibi	State	ZIP Code				

ZIP Code

State

Debtor 1 Casa 49-407 55 mxm7 Doll MPFBd 02/22/19 Entered 02/22/19 Entered 02/22/19 Page 47 of 82

#### Part 3:

### List Others to Be Notified About a Debt That You Already Listed

RECEIVABLE REC	OVERY LA		On which entry in Part 1 or Part 2 did you list the original creditor?		
Name 110 VETERANS M	EMORIAL BLV	D #445	Line 8.6 of (Check one): Part 1: Creditors with Priority Unsecured Claims		
Number Street			Part 2: Creditors with Nonpriority Unsecured Claim		
METAIRE	LA	70005	Last 4 digits of account number 7 0 0 0		
DADAMOUNT DEC	State	ZIP Code			
PARAMOUNT REC	OVERT STST	EIVIS	On which entry in Part 1 or Part 2 did you list the original creditor?		
7524 BOSQUE BLV	/D STE L		Line 9.1 of (Check one): Part 1: Creditors with Priority Unsecured Claims		
Number Oneet			Part 2: Creditors with Nonpriority Unsecured Claims		
WACO City	TX State	76712 ZIP Code	Last 4 digits of account number 8 4 6 6		
AMERICAN MED C	OLLECTION A	GENCY	On which entry in Part 1 or Part 2 did you list the original creditor?		
4 WESTCHESTER	PLAZA BLDG	4	Line 9.2 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims		
Number Street			Part 2: Creditors with Nonpriority Unsecured Claims		
ELMSFORD	NY State	10523 ZIP Code	Last 4 digits of account number 0 4 2 1		
a contrar proposition of the land of the contract of the contr	он (с. н.	ever il liez an N. S. eine et seu a suusava like et e e et lits an letailee ille est, sjig geme	On which entry in Part 1 or Part 2 did you list the original creditor?		
lumber Street	ALTERNATION OF THE STATE OF THE		Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims		
ity	State	ZIP Code	Last 4 digits of account number		
			On which entry in Part 1 or Part 2 did you list the original creditor?		
ame			Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims		
umber Street			Part 2: Creditors with Nonpriority Unsecured		
			Claims		
	State	ZIP Code	Last 4 digits of account number		
			On which entry in Part 1 or Part 2 did you list the original creditor?		
ame			Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims		
umber Street			Part 2: Creditors with Nonpriority Unsecured Claims		
	State	ZIP Code	Last 4 digits of account number		
			On which entry in Part 1 or Part 2 did you list the original creditor?		
ame			Line of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims		
imber Street			Part 2: Creditors with Nonpriority Unsecured Claims		
у	State	ZIP Code	Last 4 digits of account number		

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

				Total claim	
Total claims	68	a. Domestic support obligations	6a.	\$	0.00
from Part 1	6b	b. Taxes and certain other debts you owe the government		\$	0.00
	60	. Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d	. <b>Other.</b> Add all other priority unsecured claims. Write that amount here.	6d.	+ \$	0.00
	6e	. <b>Total.</b> Add lines 6a through 6d.	6e.	\$	0.00
				Total claim	
Total claims	6f.	Student loans	6f.	\$	88,697.08
from Part 2	<b>2</b> 6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	+ \$	86,255.63
	6j. T	<b>Fotal.</b> Add lines 6f through 6i.	6j.	\$	174,952.71

Fill	in this i	nformation to	identify you	r case:				
		DAVID		LEE	JUMPER			
Deb	otor	First Name	N	Middle Name	Last Name			
	tor 2 use If filing)	JENNIFER First Name		MARIE Middle Name	JUMPER Last Name			
, ,				nern District of Texa		I		
	e number	Dania aproj Godi			Against an	i		
	rown)				<del></del>			Check if this is a amended filing
***************************************							1	amended iming
Offi	icial F	Form 106	SG.					
				on Cont	costo ond		overed Loops	40/45
						.,	expired Leases	12/15
inforn	nation. It	f more space	is needed, c	le. If two married popy the additional case number (if kn	page, fill it out, nu	jether, nber th	both are equally responsible for supply se entries, and attach it to this page. Or	ring correct the top of any
1. [	o you h	ave any exect	utory contrac	cts or unexpired le	ases?			
							u have nothing else to report on this form	
9	Yes. F	ill in all of the	information b	elow even if the con	tracts or leases are	listed o	n Schedule A/B: Property (Official Form 1	06A/B).
2. <b>L</b> i	ist sepai	rately each pe	rson or com	pany with whom y	ou have the contra	ct or le	ease. Then state what each contract or	ease is for (for
	<b>xampie,</b> nexpired		iease, ceii pr	ione). See the instr	uctions for this form	m me n	nstruction booklet for more examples of ex	ecutory contracts and
P	erson o	r company wif	th whom you	ı have the contract	or lease		State what the contract or lease is for	
•			,					
<sup>2.1</sup> (	CHASE	AUTO FINA	ANCE				2014 FORD F-150	
	lame	/ 70060						
_	lumber	K 78068 Street						
	PHOEN	IX	AZ	85062				
C	ity	o y myygymyyg myssyn i yyansannis ar an ingayaga i S	State	ZIP Code	ennellitären bler tiller 1900 integregsprikationer och er er bet er er		аны манаун атамынын үйлүү оргон тартыт үй бооттар ар уруулган үү үй төөгөө Тоймын Тоймын Тоймын төгөө байгаан байга	ter data data da gazarren erre trebaren da esperado esperado esperado de destrado de contratibilidad d
2.2								
N	ame							
N	umber	Street						
C	ity		State	ZIP Code				
2.3	ity 					CONTRACTOR OF THE	pago disprencipa, mentrest entidos di Pidrido de Califo de Principano, que promo comprenent mediente de describando de del distribución de Califo	tet det gelegt betreft vergeligte fiche der bestellte der de system die gelegt die der bestellte til tilbet bet
	ame							
Νι	umber	Street						
Ci	ity		State	ZIP Code	kantan maraja kantan tahun kantan menangan kantan kantan kantan kantan kantan kantan kantan kantan kantan kant			generalises and respective acceptance and experience and experience and experience and experience accept the organization and the contract of the organization and the contract of the organization and the contract of the organization and the
.4								
Na	ame							
Nu	ımber	Street						
Cit	ty		State	ZIP Code	den er rende en parte se de se de de se en frant en de de de de Marija année en e	a a se en		erskelling og sterkenskelling og krekker enligt skile fillede printige fil fred det og skilet er til
.5			· · · · · · · · · · · · · · · · · · ·					
Na	ame							
Nu	ımber	Street			11/4			
Cit	·		State	ZIP Code				
J.1	,							

Fill in this	information to iden	tify your case:	
Debtor 1	DAVID First Name	LEE Middle Name	JUMPER Last Name
Debtor 2	JENNIFER	MARIE	JUMPER
(Spouse, if filing	g) First Name	Middle Name	Last Name
United States	s Bankruptcy Court for th	ne: Northern District of Texas	
Case number (If known)	r	4.00	-

# Official Form 106H

# **Schedule H: Your Codebtors**

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

ase number (if known). Answer ev	ery question.		
1. Do you have any codebtors? (I	f you are filing a joint case	, do not list either spouse	e as a codebtor.)
🗹 Yes			
<ol><li>Within the last 8 years, have years, California, Idaho, Louisi</li></ol>	-		ry? (Community property states and territories include ashington, and Wisconsin.)
No. Go to line 3.			
Yes. Did your spouse, former	r spouse, or legal equivale	nt live with you at the time	e?
☐ No			
Yes. In which community	state or territory did you li	ve? WISCONSIN	Fill in the name and current address of that person.
SCOTT DAVID LUT			_
Name of your spouse, former sp			
420 N 3RD STREE	T		
Number Street			
MIDLOTHIAN	TX	76065	
City	State	ZIP Code	
Column 1: Your codebtor			Column 2: The creditor to whom you owe the deb
			Check all schedules that apply:
.1 SCOTT DAVID LUTZ			Schedule D, line
420 N 3RD STREET			Schedule E/F, line 4.7
Number Street MIDLOTHIAN	TX	76065	☐ Schedule G, line
City	State	ZIP Code	<del></del>
2 SCOTT DAVID LUTZ			
Name		***************************************	Schedule D, line
420 N 3RD STREET			Schedule E/F, line 5.6
Number Street			
MIDLOTHIAN			Schedule G, line
City	TX State	76065	Schedule G, line
3	I X State	76065 ZIP Code	Schedule G, line
Name			Schedule G, line
			Schedule D, line
Number Street			Schedule D, line
Number Street			Schedule D, line
Number Street			Schedule D, line

First Name	Middle Name	Last Name	
		COST INDITIO	
JENNIFER	MARIE	JUMPER	
First Name	Middle Name	Last Name	
ankruptcy Court for the	: Northern District of Texas		
	First Name	<u> </u>	First Name Middle Name Last Name

Check if this is:

An amended filing

A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106l

# Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1:

#### **Describe Employment**

1.	Fill in your employment information.		Debtor 1	rynnelahda anynozu kepolennu unde riinoyenkala is vien koo auroun dan yar perunnala	Debtor 2 or non	-filling spouse
	If you have more than one job, attach a separate page with information about additional employers.	Employment status			<ul><li></li></ul>	d
	Include part-time, seasonal, or self-employed work.	Occupation	PRESSER :	2	TAX PREPARE	:R
	Occupation may include student or homemaker, if it applies.	Employer's name	OWEN OIL	TOOLS	JACKSON HEV	
		Employer's address	12001 COU	NTY RD 1000	612 E HWY 377	7
			GODLEY	TX 76044	GRANBURY	TX 76048
			City	State ZIP Code	City	State ZIP Code
		How long employed there	? 2 YEARS	<b>3</b>	2 YEARS	

#### Part 2:

#### **Give Details About Monthly Income**

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. **List monthly gross wages, salary, and commissions** (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 2,472.86

For Debtor 1

For Debtor 2 or non-filing spouse

3. Estimate and list monthly overtime pay.

3. +s 0.00

1,463.82

0.00

. Octobrilete annua impanes Add line 2 Lline 2

4. \$ 2,472.86

\$ 1,463.82

4. Calculate gross income. Add line 2 + line 3.

Schedule I: Your Income

Last Name

Debtor 1

DAVID

Middle Name

**JUMPER** 

Case number (if known)\_

		F	or Debtor 1		Debtor 2 or filing spouse	a	
Copy line 4 here	<b>→</b> 4.	\$_	2,472.86	\$_	1,463.82	•	
5. List all payroll deductions:							
5a. Tax, Medicare, and Social Security deductions	5a	. \$	333.06	\$	169.52		
5b. Mandatory contributions for retirement plans	5b	. \$	0.00	\$	0.00		
5c. Voluntary contributions for retirement plans	5c.		138.58	\$	0.00		
5d. Required repayments of retirement fund loans	5d.	· · ·	87.18	\$	0.00		
5e. Insurance	5e.		521.64	\$	0.00		
5f. Domestic support obligations	5f.	*	0.00	\$	0.00		
			0.00	\$	0.00		
5g. Union dues	5g.			Ψ			
5h. Other deductions. Specify:	5h.	+\$_	0.00	+ \$_	0.00		
6. <b>Add the payroll deductions</b> . Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.	\$_	1,080.46	\$	169.52		
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	1,392.40	\$	1,294.30		
8. List all other income regularly received:							
8a. Net income from rental property and from operating a business, profession, or farm							
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	0.00		
8b. Interest and dividends	8b.	\$	0.00	\$	0.00		
8c. Family support payments that you, a non-filing spouse, or a depende regularly receive		*					
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	240.00	\$	670.00		
8d. Unemployment compensation	8d.	\$	0.00	\$	0.00		
8e. Social Security	8e.	\$	0.00	\$	0.00		
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistan that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: NONE	ce 8f.	\$	0.00	\$	0.00		
	8g.	<b>d</b>	0.00	¢	0.00		
8g. Pension or retirement income	-	Ψ		Ψ	0.00		
8h. Other monthly income. Specify:	8h.	+\$	0.00	+\$		!	
9. <b>Add all other income</b> . Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$	240.00	\$	670.00		
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$	1,632.40	\$	1,964.30	= \$	3,596.70
11. State all other regular contributions to the expenses that you list in Sched Include contributions from an unmarried partner, members of your household, you friends or relatives.			ents, your roomn	nates, ar	nd other		
Do not include any amounts already included in lines 2-10 or amounts that are r Specify: NONE	not av	ailable	to pay expense	s listed i -	n <i>Schedule J.</i> 11. '	+ \$	0.00
2. Add the amount in the last column of line 10 to the amount in line 11. The r Write that amount on the Summary of Your Assets and Liabilities and Certain St					ne. 12.	\$	3,596.71
White that amount on the Guillinary of Tour Assets and Claumies and Gertain St	awu	.a. 11110	чиот, п к арр	,	14.		nbined nthly income
13. Do you expect an increase or decrease within the year after you file this fo	orm?					nioi	may moone
<ul><li>No.</li><li>✓ Yes. Explain: DEBTOR 2'S JOB ENDS ON APRIL 15TH, 201</li></ul>	9.						

Fill in this information to identif	y your case:				
Debtor 1 DAVID		PER	ck if this is:		
Debtor 2 JENNIFER	Middle Name Last Nan MARIE JUM	DED _		Cr.	
(Spouse, if filling) First Name	Middle Name Last Nam	ne A	n amended supplemen	-	tpetition chapter 13
United States Bankruptcy Court for the:	Northern District of Texas			of the followin	
Case number (If known)		M	M / DD / YYY	Υ	
Official Form 106J	_				
Schedule J: Yo	ur Expenses				12/15
Be as complete and accurate as p information. If more space is need (if known). Answer every question	led, attach another sheet to this f				
Part 1: Describe Your Hou	usehold				
1. Is this a joint case?					
<ul><li>☐ No. Go to line 2.</li><li>☑ Yes. Does Debtor 2 live in a second</li></ul>	separate household?				
☐ No ☐ Yes. Debtor 2 must fil	e Official Form 106J-2, Expenses f	or Separate Household of Deb	tor 2.	an adaman jaraga kalanan yang saharan yang saharan saharan saharan saharan saharan saharan saharan saharan sah	
2. Do you have dependents?	□ No	Dependent's relationship to	0	Dependent's	Does dependent live
Do not list Debtor 1 and Debtor 2.	Yes. Fill out this information to each dependent		BLEFFONT CENTRAL VISION CENTRAL SHICES	age	with you?  No
Do not state the dependents' names.		SON		17	Yes
		SON		16	☐ No ☑ Yes
		SON		14	☐ No
		DALIOUTED		F	✓ Yes  ✓ No
		DAUGHTER		5	☑ Yes
					☐ No ☐ Yes
B. Do your expenses include expenses of people other than	☑ No				
yourself and your dependents?	Yes				
Part 2: Estimate Your Ongoi	ng Monthly Expenses				
Estimate your expenses as of your expenses as of a date after the ban applicable date.					
Include expenses paid for with non such assistance and have included				Your exper	ISES
<ol> <li>The rental or home ownership e any rent for the ground or lot.</li> </ol>	xpenses for your residence. Inclu	ide first mortgage payments an	id 4.	\$	0.00
If not included in line 4:					0.00
4a. Real estate taxes			4a.	\$	0.00
4b. Property, homeowner's, or re			4b.	\$	0.00
4c. Home maintenance, repair, a	and upkeep expenses		4c.	\$	0.00
4d. Homeowner's association or	condominium dues		4d.	\$	0.00

Debtor 1

**DAVID** First Name

LEE Middle Name **JUMPER** 

Last Name

Case number (if known)\_

			Your ex	penses
5	Additional mortgage payments for your residence, such as home equity loans	5.		
6.	Utilities:  6a. Electricity, heat, natural gas	6a.	\$	220.00
	6b. Water, sewer, garbage collection	6b.	\$	230.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	300.00
	6d. Other. Specify: N/A	6d.	\$	0.00
7.	Food and housekeeping supplies	7.	\$	600.00
8.	Childcare and children's education costs	8.	\$	240.00
9.	Clothing, laundry, and dry cleaning	9.	\$	300.00
10.	Personal care products and services	10.	\$	200.00
11.	Medical and dental expenses	11.	\$	150.00
12.	<b>Transportation.</b> Include gas, maintenance, bus or train fare.  Do not include car payments.	12.	\$	350.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	300.00
14.	Charitable contributions and religious donations	14.	\$	0.00
15.	Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.			
	15a. Life insurance	15a.	\$	0.00
	15b. Health insurance	15b.	\$	0.00
	15c. Vehicle insurance	15c.	\$	167.00
	15d. Other insurance. Specify: N/A	15d.	\$	0.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify: N/A	16.	\$	0.00
17.	Installment or lease payments:			
	17a. Car payments for Vehicle 1	17a.	\$	390.00
	17b. Car payments for Vehicle 2	17b.	\$	0.00
	17c. Other. Specify: N/A	17c.	\$	0.00
	17d. Other. Specify: N/A	17d.	\$	0.00
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
	Other payments you make to support others who do not live with you.  Specify: N/A	19.	\$	0.00
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom	ie.		
	20a. Mortgages on other property	20a.	\$	0.00
	20b. Real estate taxes	20b.	\$	
	20c. Property, homeowner's, or renter's insurance	20c.	\$	
	20d. Maintenance, repair, and upkeep expenses	20d.	\$	
	20e. Homeowner's association or condominium dues	20e.	\$	0.00

**JUMPER** LEE **DAVID** Case number (if known)\_ Debtor 1 First Name 0.00 Other. Specify: N/A Calculate your monthly expenses. 3,447.00 22a. 22a. Add lines 4 through 21. 0.00 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22b. 3,447.00 22c. 22c. Add line 22a and 22b. The result is your monthly expenses. 23. Calculate your monthly net income. 3,596.70 23a. Copy line 12 (your combined monthly income) from Schedule I. 23a 3,447.00 23b. 23b. Copy your monthly expenses from line 22c above.

Subtract your monthly expenses from your monthly income.

The result is your monthly net income.

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

☑ No. ☐ Yes.	Explain here:	

149.70

23c.

23c.

Fill in this in	nformation to identi	fy your case:			
Debtor 1	DAVID	LEE	JUMPER		
	First Name	Middle Name	Last Name		
Debtor 2	JENNIFER	MARIE	JUMPER		
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States	Bankruptcy Court for the	e: Northern District of Texas		lacksquare	
Case number	(If known)				

☐ Check if this is an amended filing

# Official Form 106Sum

#### Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

art 1: Summarize Your Assets	
	Your assets Value of what you own
Schedule A/B: Property (Official Form 106A/B)	0.00
1a. Copy line 55, Total real estate, from Schedule A/B	\$0.00
1b. Copy line 62, Total personal property, from Schedule A/B	\$48,381.00
1c. Copy line 63, Total of all property on Schedule A/B	\$48,381.00
art 2: Summarize Your Liabilities	
	Your liabilities Amount you owe
Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$13,869.00
Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$0.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	<b>+</b> \$174,952.71
Your total liabilities	\$188,821.71
rt 3: Summarize Your Income and Expenses	
Schedule I: Your Income (Official Form 106I)	s 3,596.70
Copy your combined monthly income from line 12 of Schedule I	Ψ
Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	<sub>\$</sub> 3,528.00

Case 19-40739-mxm7 Doc 1 Filed 02/22/19 Entered 02/22/19 15:31:10 Page 57 of 82 Case number (if known)

Debtor 1

DAVID

Part 4: **Answer These Questions for Administrative and Statistical Records** 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Yes 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official 4,846.68 Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. 9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: Total claim From Part 4 on Schedule E/F, copy the following: 0.00 9a. Domestic support obligations (Copy line 6a.)

Debtor 1	DAVID	LEE	JUMPER	
-	First Name	Middle Name	Last Name	
Debtor 2	JENNIFER	MARIE	JUMPER	
Spouse, if filing)	First Name	Middle Name	Last Name	
Jnited States E	Bankruptcy Court for the	: Northern District of Texas	_	

☐ Check if this is an amended filing

# Official Form 106Dec

# **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

No	
Yes. Name of person	. Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
der penalty of perjury, I declare that I have read to they are true and correct.	he summary and schedules filed with this declaration and
$\mathcal{N}_{\mathcal{O}}$	
i $(1)$ $(2)$ $(3)$ $(4)$ $(5)$ $(7)$ $(7)$ $(7)$ $(7)$ $(7)$ $(7)$ $(7)$ $(7$	

Fill in this in	formation to identif	y your case:		
Debtor 1	DAVID	LEE	JUMPER	
-	First Name	Middle Name	Last Name	
Debtor 2	JENNIFER	MARIE	JUMPER	
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States E	Bankruptcy Court for the	: Northern District of Texas	anayarin.	
Case number				
(If known)				

Check if this is an amended filing

# Official Form 108

# Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- m creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Have Secured Claims

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: CHASE AUTO FINANCE	☐ Surrender the property.	□ No
Description of 2014 FORD F-150	Retain the property and redeem it.	<b>☑</b> Yes
property securing debt:	Retain the property and enter into a Reaffirmation Agreement.	
Scouling door.	Retain the property and [explain]: PAY IT OFF AS AGREED	
Creditor's progressive LEASING	☐ Surrender the property.	No
	Retain the property and redeem it.	☐ Yes
Description of ENGAGEMENT RING property securing debt:	Retain the property and enter into a Reaffirmation Agreement.	
	Retain the property and [explain]: TELL THEM IT WAS LOST	
Creditor's NORLD FINANCE	☐ Surrender the property.	<b>☑</b> No
Tanto,	Retain the property and redeem it.	☐ Yes
Description of UNSURE. THERE ARE TWO property ACCOUNTS FOR THIS CREDITO Securing debt: DERTOR 1/2 NAME THAT THESE		
Securing debt: DEBTOR 1'S NAME THAT THESE CIRCUMSTANCES APPLY TO.	Retain the property and [explain]: UNKNOWN	
Creditor's name: WORLD FINANCE	☐ Surrender the property.	☐ No
Hairio.	Retain the property and redeem it.	<b>☑</b> Yes
Description of TELEVISION property securing debt:	Retain the property and enter into a Reaffirmation Agreement.	
-	Retain the property and [explain]:	

Case 19-40739-mxm7 Doc 1 Filed 02/22/19 Entered 02/22/19 15:31:10 Page 60 of 82 JUMPER

Debtor 1

Case number (If known)\_

7994		œ.	
	100	ar.	-

#### **List Your Unexpired Personal Property Leases**

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet

Lessor's name: DAVID LEE JUMPER	☐ No
Description of leased 2014 FORD F-150 property:	<b>☑</b> Yes
Lessor's name:	☐ No
Description of leased property:	Yes
Lessor's name:	□ No
Description of leased property:	☐ Yes
Lessor's name:	No
Description of leased property:	Yes
Lessor's name:	No
Description of leased property:	Yes
.essor's name:	No
Description of leased property:	Yes
essor's name:	□ No
Description of leased roperty:	☐ Yes

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

Signature of Debtor 1

<sup>©</sup> F		SE 19-//0739- information to iden	mym7_Doc 1_Eiled tify your case:	02/22/10	Entered 0	<ul> <li>86/30 to 10/30 to 00/4 exch.</li> </ul>			Page 61 of directed in this f	
		DAVID	LEE	JUMPER		Form	122A-1Sı	.ddi		
De	ebtor 1	First Name	Middle Name	Last Name		<b>Ø</b> 1.	Γhere is n	o presum	ption of abuse.	
(S	ebtor 2 pouse, if filing)	•	MARIE Middle Name	JUMPER Last Name		2.	The calcul	ation to d	letermine if a pres se made under <i>Ch</i>	umption of apter 7
Ur	nited States	Bankruptcy Court for th	ne: Northern District of Texa	s		1	Means Te	st Calcula	ation (Official Forn	n 122A–2).
	ise number known)								es not apply now rvice but it could a	
						☐ Ch	eck if thi	s is an a	mended filing	
		Form 122A-			4 110 41.	- B B		_		
C	napte	er 7 State	ment of Your	' Curren'	t Wonth	ny in	com	<b>e</b>		12/15
spadd do r Abu	ce is need itional pag not have p se <i>Under</i>	led, attach a separa ges, write your nam orimarily consumer § 707(b)(2) (Official	possible. If two married pate sheet to this form. Include and case number (if knumber of qual Form 122A-1Supp) with surrent Monthly Income	ude the line nu own). If you bel ifying military s	mber to which ieve that you a	the addit re exemp	onal info ted from	rmation a	applies. On the to nption of abuse I	op of any because you
1.		our marital and filir narried. Fill out Colu	ng status? Check one only	•						
			e is filing with you. Fill out	both Columns A	and B, lines 2-	11.				
	☐ Marrie	ed and your spouse	e is NOT filing with you. Y	ou and your sp	ouse are:					
		-	nousehold and are not leg			lumns A a	nd B, line:	s 2-11.		
		.iving separately or inder penalty of perio	r are legally separated. Fill ury that you and your spous urt for reasons that do not in	out Column A, li e are legally sep	ines 2-11; do no parated under no	ot fill out C	olumn B. tcy law th	By check	or that you and y	leclare our
	bankrupte August 31 Fill in the r	cy case. 11 U.S.C. § . If the amount of yo result. Do not include	ncome that you received a \$ 101(10A). For example, if our monthly income varied do any income amount more ne column only. If you have	you are filing on uring the 6 mont than once. For e	September 15, ths, add the inco example, if both	the 6-mo ome for all spouses	oth period 6 months own the sa	would be and divid ame renta	March 1 through le the total by 6.	
		eriotocolii (1910). Soleetti				Columi Debtor	ı A	Colum Debtor		
		ss wages, salary, tip payroll deductions).	ps, bonuses, overtime, an	d commissions	i	\$ <u>2,</u> 4	<u>172.8</u> 6	\$ <u>1</u>	<u>,463.82</u>	
	Column B	is filled in.	ayments. Do not include pa			\$	0.00	\$	0.00	
;	<b>of you or</b> y from an un and roomn	your dependents, in married partner, me mates. Include regula	which are regularly paid ncluding child support. In mbers of your household, y ar contributions from a spou nts you listed on line 3.	clude regular co our dependents,	ntributions , parents,	\$2	<u>240.0</u> 0	\$	670.00	
	or farm	ne from operating a	business, profession,	Debtor 1 Del	btor 2 0.00					
		nd necessary operat		- \$ 0.00- \$	0.00					
	•	• •	siness, profession, or farm	\$ 0.00 \$	0.00 Copy	· \$	0.00	\$	0.00	
6. 1	Net incom	e from rental and o	other real property	ΨΨ_	btor 2 0.00	<b>-</b>		-		
		nd necessary operat	·	- \$ <u>0.00</u> - \$_	0.00					
1	Net monthl	y income from renta	l or other real property	\$ 0.00 \$	0.00 Copy here→	\$	0.00	\$	0.00	

0.00

0.00

\$\_

7. Interest, dividends, and royalties

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Deb	otor 1	DAVID First Name	Middle Name	LEE Last Name	JL	MPE		Case numl	Der (if known)			<del>,</del>
		First Name	Wilddie Wante	Last Name								
0-1-1-2 Management								Column Debtor		Colum Debto		
da tarapara da tar										non-fi	ling spouse	
8.		ployment com	•		, ,		e.	\$	0.00	\$	0.00	
(Contraction of the Contraction	under	t enter the amo the Social Secu	urity Act. Instea	nd, list it here:		₩	fit					
e-c-description of		you				0.00	-					
erride Kladesky, e		your spouse				0.00	-					
infragrange galler	benefi	on or retirement tunder the Soc	ial Security Ac	t.				\$	0.00	\$	0.00	
10	Do not as a vi	e from all other tinclude any be actim of a war cr am. If necessan	enefits received rime, a crime a	l under the So gainst humani	ocial Security a ity, or internat	Act or paymen ional or dome:	its receive stic	d				
olicinal programme	NON		•					\$	0.00	\$	0.00	
TANBOOK O. C. Labor	NON	٧E						\$	0.00	\$	0.00	
	Total	amounts from s	separate pages	s, if any.				+ \$ 2,	712.86	+ \$	2,133.82	
								Amendment and amendment a	SECURO CARBONA MARKANIA MARKAN	Articular control of the second of the secon	On-ACTION COLORED AND AND AND AND AND AND AND AND AND AN	
11.	Calcul column	ate your total on the add the	current month total for Colun	Ily income. A nn A to the tot	dd lines 2 thro al for Column	ough 10 for ea B.	ch	\$ <u>2,</u>	712.86 <b>1</b>	<b>\$</b>	2,133.82	\$ 4,846.68
Pa	ırt 2:	Determine \	Whether the	Means Tes	st Applies t	o You						monthly income
12.	Calcula	ate your currer	nt monthly inc	ome for the	<b>year.</b> Follow t	hese steps:		www.common.com				
		Copy your total							Сор	y line 11	here <del>-&gt;</del>	\$ <u>4,846.68</u>
	N	Multiply by 12 (t	he number of r	nonths in a ye	ear).						Approximately and the second s	x 12
	12b. T	The result is you	ur annual incon	ne for this par	t of the form.						12b.	\$ <u>58,160.16</u>
13.	Calcula	ate the median	family incom	e that applies	s to you. Foll	ow these step	s:					
	Fill in th	ne state in whicl	h you live.		TEX	48	***************************************					
					A Least Company on a serio	20-жың сайталы Бара Айсанг мененин тайынан айынан айынан Иститет менен Айсанга байтын айын алырды кесенин айын	micromical magnetistics by					
	Fill in th	ne number of pe	eople in your h	ousehold.	6						_	
		ne median famil	•								13.	84,766.00
		a list of applica ions for this forr						he separa	te			
14.	How do	the lines com	npare?									
	14a. 🗖	Line 12b is les	ss than or equa	al to line 13. O	n the top of p	age 1, check t	oox 1, The	ere is no pr	esumption	of abuse.		
	14b. 🗖	Line 12b is mo	ore than line 13 and fill out Form	3. On the top on 122A-2.	of page 1, che	ck box 2, The	presumpt	ion of abus	se is detern	nined by	Form 122A-2	
Par	rt 3:	Sign Below										
		By signing here	l declare uno	ler penalty of	perjury that th	e information	on this sta	tement an	d in any att	achment	s is true and o	correct.
		x6/	( ( )(	1- 0	1		<b>V</b>		) (		lla	
		Signature of I	Dahtar 1	Lugs	se c	age rose :	900	nature of Del	NA)	M	wy i	
		Signature of I	Deptor 1	/			الواهر	ature or Der	مانان امام		•	
		Date 621 MM / D	1777Y a				Date	MM/DD	150)			
		·	ed line 14a, do									
a rapportunis especial in the la		If you check	ed line 14b, fill	out Form 122	2A–2 and file	it with this forn	n.	anashmennosis communicas managam	enniennenn enskaagsags warpenpagsagsassen			- Maddelenni Milyligher, undefender vannigen meint Milylian mer vilor, un menser van derg op un jurgen sept me

Case 19-40739-mxm7 Doc 1 Filed 02/22/19 Entered 02/22/19 15:31:10 Page 63 of 82 Fill in this information to identify your case: **JUMPER** DAVID Debtor 1 Last Name First Name Middle Name **JENNIFER MARIE JUMPER** Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Northern District of Texas Case number ☐ Check if this is an (If known) amended filing Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy 04/16 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before 1. What is your current marital status? Married ■ Not married 2. During the last 3 years, have you lived anywhere other than where you live now? Yes. List all of the places you lived in the last 3 years. Do not include where you live now. **Dates Debtor 2 Dates Debtor 1** lived there lived there ☐ Same as Debtor 1 Same as Debtor 1 209 NE 27TH STREET From 04/20/2012 Number Street Number Street To 06/02/2017 To 76067 MINERAL WELLS TX State ZIP Code City State ZIP Code City ☐ Same as Debtor 1 Same as Debtor 1 From From Number Street Number Street То ZIP Code State ZIP Code City City State 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.) Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Part 2:

**Explain the Sources of Your Income** 

Case 19-40739-mxm7 Doc 1 Filed 02/22/19 Entered 02/22/19 15:31:10 Page 64 of 82 LEE **JUMPER DAVID** Debtor 1 Case number (if known) First Name Middle Name Last Name 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income Gross income Sources of income Gross income Check all that apply. (before deductions and Check all that apply. (before deductions and exclusions) exclusions) Wages, commissions, Wages, commissions 2.472.86 1,486.44 From January 1 of current year until bonuses, tips bonuses, tips the date you filed for bankruptcy: Operating a business Operating a business

Wages, commissions,

Operating a business

Wages, commissions,

bonuses, tips

bonuses, tips

Operating a business

27,304.01

28,634.00

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

Wages, commissions,

Operating a business

Wages, commissions,

Operating a business

bonuses, tips

bonuses tins

No
Yes. Fill in the details.

For last calendar year:

(January 1 to December 31,2018

For the calendar year before that:

(January 1 to December 31,2017

7			
Debtor 1		Debtor 2	
Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
CS-CL2015118	\$ 276.92	CHILD SUPPORT	1,005.24
CS-D2007231	\$ 200.00		- \$
	\$		- \$
CS-CL2015118	\$138.46	CHILD SUPPORT	6,449.25
CS-D2007231	\$1,200.00		. \$
	\$		\$
CS-CL2015118	\$0.00	CHILD SUPPORT	\$8,405.48_
CS-D2007231	\$1,243.98		\$
	\$		\$
	Sources of income Describe below.  CS-CL2015118 CS-D2007231  CS-CL2015118 CS-D2007231  CS-CL2015118	Sources of income Describe below.         Gross income each source (before deductions and exclusions)           CS-CL2015118         \$ 276.92           CS-D2007231         \$ 200.00           \$         \$ 138.46           CS-D2007231         \$ 1,200.00           \$         \$ 0.00	Sources of income Describe below.         Gross income from each source (before deductions and exclusions)         Sources of income Describe below.           CS-CL2015118         \$ 276.92         CHILD SUPPORT           CS-D2007231         \$ 200.00           \$ 138.46         CHILD SUPPORT           CS-D2007231         \$ 1,200.00           \$ 1,200.00         \$ 1,200.00

7,709.13

5,500.00

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Debtor 1

**DAVID** First Name

LEE Middle Name

**JUMPER** 

Case number (if known)\_

Part 3:

List Certain Payments You Made Before You Filed for Bankruptcy

6. <b>A</b> ı	re eith	ner C	ebtor 1's or	Debtor 2's de	ebts primarily	consumer deb	ts?				
	No.	"ind	curred by an	individual prima	arily for a pers	ly consumer de onal, family, or l uptcy, did you p	nousehold	purpose."		in 11 U.S.C. § 10	1(8) as
		Z	No. Go to lin	ne 7.							
			Yes. List bel total an	low each credit	that creditor. I	u paid a total of Do not include p not include payr	ayments fo	r domestic sup	port obli	ayments and the gations, such as	
		* Si			-			-		ite of adjustment.	
	Yes.	Del	otor 1 or Deb	otor 2 or both	have primaril	y consumer de	bts.				
						uptcy, did you pa		litor a total of \$	600 or m	ore?	
			No. Go to line	e 7.							
		q	creditor.	. Do not include	e payments fo	u paid a total of r domestic supp nts to an attorne	ort obligati	ons, such as ch	nild supp	t you paid that ort and	
						Dates of payment	Total am	ount paid	Amou	nt you still owe	Was this payment for
			CHASE A	UTO FINAN	NCE	01/29/2019	\$	800.00	\$	11,125.00	☐ Mortgage
			Creditor's Name	Э					,		☑ Mortgage
			Number Stree	et		-					Credit card
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	••							Loan repayment
											☐ Suppliers or vendors
			City	State	ZIP Code						Other
							\$		\$		☐ Mortgage
			Creditor's Name			***************************************					☐ Car
			Number Stree	4							Credit card
			Number Stree	şt.							☐ Loan repayment
			***************************************	.1							Suppliers or vendors
			City	State	ZIP Code						Other
			City	State	ZIF Code						
			Occuliands Name				\$		\$		☐ Mortgage
			Creditor's Name								☐ Car
		i	Number Street			etro-Microsite and American					Credit card
											Loan repayment
											Suppliers or vendors
		ī	Dity	State	ZIP Code						Other

Case 19-40739-mxm7 Doc 1 Filed 02/22/19 Entered 02/22/19 15:31:10 Page 66 of 82 **DAVID** LEE **JUMPER** Debtor 1 Case number (if known) First Name Middle Name Last Name 7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. M No Yes. List all payments to an insider. Dates of **Total amount** Amount you still Reason for this payment payment paid owe Insider's Name Number Street City ZIP Code Insider's Name Number Street City State ZIP Code 8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. **Ø** No Yes. List all payments that benefited an insider. Dates of Total amount Amount you still Reason for this payment paid Include creditor's name Insider's Name Number Street City ZIP Code State Insider's Name Number Street

City

State

ZIP Code

Debtor 1	DAVID	LE		JUMPER	Case number (if known)	
	First Name	Middle Name	Last Name		· · · · · · · · · · · · · · · · · · ·	

nd contract disputes.	tcy, were you a party in any laws y cases, small claims actions, divo			
<b>)</b> No				
Yes. Fill in the details.				
	Nature of the case	Court or agency		Status of the cas
	MINERAL WELLS	UICTUICE COL	IDT DOT	
Case title EVICTION	HOUSING AUTHORITY	JUSTIUCE COU	<ul><li>─ ☐ Pending</li><li>☐ On appeal</li></ul>	
CITATION	SOUGHT AN EVICTION			
CHATION	FOR NON-PAYMENT AGAINST DEBTOR 2	109 N OAK AVE	Concluded	
Case number FD4378	ONLY.	MINERAL WELL	S 76067	
Case number		:	tate ZIP Code	<del></del>
0 ""				─ ☐ Pending
Case title		Court Name		On appeal
		Number Street		Concluded
Case number		O2-	710 0-1	
		City Sta	ate ZIP Code	
	and the constitution of th			
No. Go to line 11.  Yes. Fill in the information below.  SANTANDER  Creditor's Name	Describe the property  2010 CHEVBY EQU  CEBTOR 2 DID A V  REPOSSESSION.		Date 07/01/2017	Value of the property \$ 8,699.00
Yes. Fill in the information below.  SANTANDER  Creditor's Name  PO BOX 961245	2010 CHEVBY EQUID A VER POSSESSION.			and a matifical of the fi
Yes. Fill in the information below.  SANTANDER  Creditor's Name	2010 CHEVBY EQUID A VER POSSESSION.  Explain what happened	/OLUNTARY		and a matrix of subject
Yes. Fill in the information below.  SANTANDER  Creditor's Name  PO BOX 961245	2010 CHEVBY EQUID A VER POSSESSION.  Explain what happened  Property was reposed.	OLUNTARY		and a matrix of subject
Yes. Fill in the information below.  SANTANDER Creditor's Name PO BOX 961245 Number Street	2010 CHEVBY EQUICEBTOR 2 DID A NREPOSSESSION.  Explain what happened  Property was reposed Property was forected.	OLUNTARY ssessed. losed.		and a matrix of subject
SANTANDER Creditor's Name PO BOX 961245 Number Street  FORT WORTH TX 751	2010 CHEVBY EQUICEBTOR 2 DID A NREPOSSESSION.  Explain what happened  Property was reposed Property was forected.  Property was garning.	OLUNTARY ssessed. losed. shed.		and a matrix of subject
SANTANDER Creditor's Name PO BOX 961245 Number Street	2010 CHEVBY EQUICEBTOR 2 DID A NREPOSSESSION.  Explain what happened  Property was reposed Property was forect Property was garning Property was attact	OLUNTARY ssessed. losed.	07/01/2017	\$ 8,699.00
Yes. Fill in the information below.  SANTANDER Creditor's Name PO BOX 961245 Number Street  FORT WORTH TX 751	2010 CHEVBY EQUICEBTOR 2 DID A NREPOSSESSION.  Explain what happened  Property was reposed Property was forected.  Property was garning.	OLUNTARY ssessed. losed. shed.		\$ 8,699.00
Yes. Fill in the information below.  SANTANDER Creditor's Name PO BOX 961245 Number Street  FORT WORTH TX 751	2010 CHEVBY EQUICEBTOR 2 DID A NREPOSSESSION.  Explain what happened  Property was reposed Property was forect Property was garning Property was attact	OLUNTARY ssessed. losed. shed.	07/01/2017	\$ 8,699.00
SANTANDER Creditor's Name PO BOX 961245 Number Street  FORT WORTH TX 751 City State ZIP Coo	2010 CHEVBY EQUICEBTOR 2 DID A NREPOSSESSION.  Explain what happened  Property was reposed Property was forect Property was garning Property was attact	OLUNTARY ssessed. losed. shed.	07/01/2017	and a matifical of the fi
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**DAVID** LEE **JUMPER** Debtor 1 Case number (if known) Middle Name 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? ☑ No Yes. Fill in the details. Describe the action the creditor took Date action was taken Creditor's Name Number Street City ZIP Code State Last 4 digits of account number: XXXX-12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? M No ☐ Yes Part 5: **List Certain Gifts and Contributions** 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value per person the gifts Person to Whom You Gave the Gift Number Street City ZIP Code State Person's relationship to you Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value the gifts per person Person to Whom You Gave the Gift Number Street City ZIP Code State Person's relationship to you

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Page 69 of 82 Case 19-40739-mxm7 Doc 1 Filed 02/22/19 Entered 02/22/19 15:31:10 **JUMPER** DAVID LEE Debtor 1 Case number (if known) First Name 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?  $\hfill \Box$  Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities Describe what you contributed Date you Value that total more than \$600 contributed Charity's Name Number Street City ZIP Code State Part 6: **List Certain Losses** 15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? **☑** No Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: **List Certain Payments or Transfers** 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. ☑ No Yes. Fill in the details. Description and value of any property transferred Date payment or **Amount of payment** transfer was made Person Who Was Paid Number Street State ZIP Code Email or website address Person Who Made the Payment, if Not You

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tor 1	DAVID	LEE	JUMPER	Case number (if known)		
	First Name	Middle Name Las	st Name			
,	Son with the state of the state					Market (1884 (1988) M. California (1884) y sa diminiska pjesje na manusa na sprana s
			Description and value of any property	/ transferred	Date payment or transfer was made	Amount of payment
	Person Who Was Pa	id	un get which met men et et promonomient men augemendiene flest dient transcriben dien verland bekennt einschen -	arrinare to color del continue de un seminarior establicante e qui enclusiva del checia del color del color de Color del color del		
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<b>7</b> N	es. Fill in the deta	ails.		eren ( eren er af helde far det e	Aldr Merchaets et et e	
			Description and value of any property	transferred	transfer was	Amount of payme
	Person Who Was Paid	]	and the second s		made	
	Number Street					\$
						<b>‡</b>
;	City	State ZIP Code	; :			
			tcy, did you sell, trade, or otherwise	transfer any property to	anyone, other thai	property
			ousiness or financial affairs? nade as security (such as the granting o	f a security interest or mo	ortgage on your prop	ertv)
o no	ot include gifts and		re already listed on this statement.	ra socarry morest of me	nigage on your prop	O(1)
No	o es. Fill in the detai	ile				
8 10	55. I'm in the ueta	ns.	Description and value of property	Describe any property o	e naumanta ranchina	Date transfer
			transferred	or debts paid in exchang		was made
P	erson Who Received T	ransfer				
N	umber Street					
C	ity	State ZIP Code				
P	erson's relationship	to you				
Pe	erson Who Received Tr	ransfer				
Nu	umber Street	:				***************************************
		·				
Cit	V	State ZIP Code				
	erson's relationshin t			The state of the s		

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Case number (if known)\_

JUMPER

	No Yes. Fill in the deta	ails.								
				Description	and value	e of the prop	erty transferred			Date transfer vas made
	Name of trust								_	
. Wit	hin 1 year before y	ou filed	for bankrupt			e Deposit	Boxes, and Storag		r benefi	priside de la constante de la
Incl bro	kerage houses, pe	vings, m ension fu	oney market,				ificates of deposit; sh nancial institutions.	ares in banks, credit ur	nions,	
	FIRST NATL B		RANBURY	Last 4 digits	of accou	nt number	Type of account or instrument	Date account was closed, sold, moved, or transferred		palance befor ng or transfer
	Name of Financial Institution 1905 S MORG/ Number Street	itution		xxxx- <u>4</u>	2 9	6_	☑ Checking ☐ Savings	01/01/2018	\$	147.1
,	GRANGURY city	TX State	76048 ZIP Code				☐ Money market ☐ Brokerage ☐ Other			
	Name of Financial Instit	tution		XXXX		************	☐ Checking ☐ Savings	***************************************	\$	***************************************
	Number Street						☐ Money market ☐ Brokerage			
	City	State	76048 ZIP Code				Other			
ecu V N	rities, cash, or oth	er valua		ear before yo	u filed fo	or bankrupt	cy, any safe deposit b	ox or other depository	for	
compani f	oo, i iii iii iiie uelai			Who else had			Describe the	contents		Do you still have it?
ī	Name of Financial Institu	ıtion		Name	***************************************					Yes

**DAVID** 

First Name

Debtor 1

LEE

Middle Name

Last Name

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Case number (if known)\_

JUMPER

☑ No ☑ Yes. Fill in the details.			
	Who else has or had access to it?	Describe the contents	Do you s
			have it?
Name of Storage Facility	Name	_	☐ No ☐ Yes
Number Street	Number Street	_	
	City State ZIP Code		
City State ZIP Code			
State ZIF Code			
	someone else owns? Include any property	you borrowed from, are storing for,	
Yes. Fill in the details.			
	Where is the property?	Describe the property	Value
Owner's Name			\$
	Number Street		· ·
Number Street	Number Street		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Number Street  City State ZIP Code		7
City State ZIP Code	City State ZIP Code		
City State ZIP Code	City State ZIP Code		
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Give Details About Environmental law means any federal, statezardous or toxic substances, wastes, o	City State ZIP Code	ter, groundwater, or other medium,	of
Gity State ZIP Code  10: Give Details About Environ  e purpose of Part 10, the following defi  vironmental law means any federal, sta  zardous or toxic substances, wastes, o  cluding statutes or regulations controlli  e means any location, facility, or prope	city State ZIP Code  mental Information  initions apply: ate, or local statute or regulation concerning or material into the air, land, soil, surface wa ing the cleanup of these substances, wastes rty as defined under any environmental law,	ter, groundwater, or other medium, s, or material.	of
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City

State

ZIP Code

**DAVID** 

Debtor 1

LEE

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**JUMPER** 

tor 1	DAVID First Name Middl	LEE	JUMPER	Case number	(if known)	
	rirst Name Middi	le Name La	st Name			
		vernmental unit o	of any release of hazardous material	l?		
U Y	es. Fill in the details					
			Governmental unit	Environmental law	, if you know it	Date of notice
Ī	Name of site		Governmental unit			
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,	Number Street		Number Street			
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lave 1	νου heen a narty in a	ny judicial or ad	ministrative proceeding under any e	nvironmontal la	u2 Include cottlements and	
Z No		y jaaiolal ol aa	minorialite proceeding under any e	siivii Oiliileillai lav	v: metude settlements and	orders.
	) s. Fill in the details.					
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			Court or agency	Nature of the	case	case
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			Court Name	- : :		
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			Number Street			Conclude
Cas	se number	· · · · · · · · · · · · · · · · · · ·	City State ZIP Code	•		
			ony once his odd			
	A sole proprietor or A member of a limit	self-employed i	tcy, did you own a business or have n a trade, profession, or other activit any (LLC) or limited liability partners	ty, either full-time	ving connections to any bus e or part-time	iness?
	A partner in a partne	•				
			ecutive of a corporation			
	An owner of at least	5% of the voting	g or equity securities of a corporatio	n		
No.	None of the above a	applies. Go to Pa	rt 12.			
Yes	. Check all that appl	y above and fill i	n the details below for each busines	ss.		
			Describe the nature of the business		Employer Identification number	
Bu	siness Name				Oo not include Social Security n	umber or ITIN.
				E	EIN: -	
Nu	mber Street					<del></del>
			Name of accountant or bookkeeper		ates business existed	
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City	Sta	te ZIP Code		•	10	_
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Nun	nber Street		<del></del>		IN:	
			Name of accountant or bookkeeper	D	ates business existed	
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DAVID

LEE

**JUMPER** 

First Name Middle Name	Last Name Case num	ber (if known)
		2001-2014-2014-2014-2014-2014-2014-2014-
	Describe the nature of the business	Employer Identification number  Do not include Social Security number or ITIN.
Business Name		
		EIN:
Number Street	Name of accountant or bookkeeper	Dates business existed
		American in the control of the most of the first of the Control of
		From To
City State ZIF	Code	10
institutions, creditors, or other par	bankruptcy, did you give a financial statement to anyone aties.	about your business? Include all financial
Yes. Fill in the details below.		
	Date issued	
Name	MM / DD / YYYY	
Number Street	-	
Number Greet		
•	**************************************	
	Code	
11112: Sign Below		
in connection with a bankruptcy ca 18 U.S.C. §§ 152, 1341, 1519, and 39	hr & perings In	ty or obtaining money or property by fraud
Signature of Debtor 1	Signature of Debtor 2	7
Date 02/22/2019	Date 02/22/2019	
- ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	our Statement of Financial Affairs for Individuals Filing fo	Parlamentary (Official France)
	out of the manufacture and	or bankrupicy (Official Form 197)?
No Yes		
<b>─</b> 162		
D. I		
	e who is not an attorney to help you fill out bankruptcy fo	rms?
<ul><li>✓ No</li><li>✓ Yes. Name of person</li></ul>		
res. Name of person	Attach	the Bankruptcy Petition Preparer's Notice, ration, and Signature (Official Form 119).
	Doda	Grand Orginataro (Official FOITH 113).

**DAVID** 

Debtor 1

LEE

# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF TEXAS

In Re:		§ §	
		§	Case No.:
		§	
	Dalata	§	
	Debtor(s)	§	
		§	

## VERIFICATION OF MAILING LIST

LittleAtion	OF MAILING LIST					
The Debtor(s) certifies that the attached reform):	nailing list (only one option may be selected per					
is the first mail matrix in this ca						
☐ changes or corrects name(s) and	d address(es) on previously filed mailing list(s). on previously filed mailing list(s).					
In accordance with N.D. TX L.B.R. 1007.1, the above named Debtor(s) hereby verifies that the attached list of creditors is true and correct.						
2-22-2019 Date	Signature of Attorney (if applicable)					
ignature of Debtor	Debtor's Social Security (last four digits only) /Tax ID No.					
gnature of Join Debtor (if applicable)	3925  Joint Debtor's Social Security (last four digits only) / Tax ID No.					

Debtors: David Lee Jumper and Jennifer Marie Jumper

### **Creditor Mailing Matrix**

- Acton Medical Clinic 2006 Fall Creek Hwy Granbury, TX 76048
- American Medical Center
   Westchester Plaza Bldg 4
   Elmsford, NY 10523
- 3. APP Texas ED LLC PO Box 4458 Dept 329 Houston, TX 77210
- 4. At Home Professions 2001 Lowe Street Fort Collins, CO 80525
- 5. AT&T PO Box 5014 Carol Stream, IL 60197
- 6. ATT Uverse PO Box 536216 Atlanta, GA 30353
- 7. ATT Wireline PO Box 536216 Atlanta, GA 30353
- Bigelow Rentals
   1216 Buchanan Street
   Green Bay, WI 54303
- 9. Charter Communications PO Box 790261 Saint Louis, MO 63179

- 10. Chase Auto Finance PO Box 78068 Phoenix, AZ 85062
- 11. Comenity Bank / Bealls PO Box 182789 Columbus, OH 43218
- 12. Concord Medical Group 2800 Corporate Drive #103 Flower Mound, TX 75028
- 13. Convergent Outsourcing 800 SW 39<sup>th</sup> Street Renton, WA 98057
- Credit Acceptance Corp 25505 W 12 Mile Road Southfield, MI 48034
- Credit Adjustment CO
   2601 NW Expwy Ste 1000E
   Oklahoma City, OK 73112
- Credit Collection Services
   725 Canton Street
   Norwood, MA 02062
- 17. DirecTV PO Box 105503 Atlanta, GA 30348
- Emergent Portfolio Services
   PO Box 190
   Horsham, PA 19044
- 19. ERC PO Box 57547 Jacksonville, FL 32241
- Fingerhut / Webbank
   6250 Ridgewood Road
   Saint Cloud, MN 56303

- 21. First National Bank Granbury 1905 S Morgan Street Granbury, TX 76048
- 22. Fort Worth Heart PA PO Box 202530 Austin, TX 78720
- 23. Franklin Collection ServicePO Box 3910Tupelo, MS 38803
- 24. Fundraising Dots27285 Las Rambles Ste 210Mission Viejo, CA 92691
- Granbury Hood County EMS
   2200 Commercial Lane
   Granbury, TX 76048
- 26. HRRG PO Box 5406 Cincinnati, OH 45273
- 27. IC System Collections PO Box 64378 St Paul, MN 55164
- 28. JH Portfolio 5757 Phanton Dr Ste 225 Hazelwood, MO 63042
- 29. Lake Granbury Medical CenterPO Box 1280Oaks, PA 19456
- 30. Longhorn Emergency Medical PO Box 740021 Cincinnati, OH 45274
- 31. LVNV Funding LLC 625 Pilot Road Las Vegas, NV 89119

- 32. Medical Revenue Service PO Box 938 Vero Beach, FL 32961
- Midland Credit Management
   2365 Northside Drive Ste 300
   San Diego, CA 92108
- Mineral Wells Housing Authority
   NE 27<sup>th</sup> Street
   Mineral Wells, TX 76067
- 35. National Service Bureau PO Box 747 Bothell, WA 98041
- 36. Navient
  PO Box 9635
  Wilkes-Barre, PA 18773
- 37. Nevada Title and Payday Loan 3151 N Carson Street Carson City, NV 89706
- 38. Palo Pinto General Hospital 400 SW 25<sup>th</sup> Avenue Mineral Wells, TX 76067
- Paramount Recovery Systems
   7524 Bosque Blvd Ste L
   Waco, TX 76712
- Parker Emergency Medical Association
   Corporate Blvd Ste 201
   Lafayette, LA 70508
- 41. Phoenix Financial Services LLC 8902 Otis Ave Ste 103A Indianapolis, IN 46216
- 42. PMAB LLC 4135 South Stream Blvd Charlotte, NC 28217

- 43. Progressive Insurance 6300 Wilson Mills Rd Box W33 Mayfield Village, OH 44143
- 44. Progressive Leasing 256 Data Drive Draper, UT 84020
- 45. Questcare ER N Hills 4401 Booth Calloway Road North Richland Hills, TX 76180
- 46. Quest Diagnostic Incorporated 805 Hill Blvd Unit 108 Granbury, TX 76048
- 47. Radiology of North Texas PO Box 1723 Indianapolis, IN 46206
- 48. Receivable Recovery LA 110 Veterans Memorial Blvd #445 Metaire, LA 70005
- 49. Santander
  PO Box 961245
  Fort Worth, TX 76161
- 50. Scott Lutz 420 N 3<sup>rd</sup> Street Midlothian, TX 76065
- 51. Security Finance 722 E Hwy 377 Granbury, TX 76048
- 52. Social Security Administration 601 East Twelfth Street Kansas City, MO 64106
- 53. Sprint PO Box 4191 Carol Stream, IL 60197

- 54. Suddenlink PO Box 742353 Cincinnati, OH 45274
- 55. Tarleton State University 1333 Washington Street Stephenville, TX 76401
- 56. T-Mobile PO Box 742596 Cincinnati, OH 45274
- 57. Toledo Finance 112 Tenaha Street Center, TX 75935
- 58. USCB Corporation 761 Scranton Carbondale Hwy Unit #6 Eynon, PA 18403
- 59. UT Southwestern PO Box 2090 Morrisville, NC 27560
- 60. Wakefield and Associates PO Box 59003 Knoxville, TN 37950
- Weatherford Regional Medical Center
   713 E Anderson Street
   Weatherford, TX 76086
- 62. Western Finance 1323 N Plaza Drive Granbury, TX 76048
- 63. Western Shamrock 801 S Abe Street Ste 2A San Angelo, TX 76903
- 64. Williams and Fudge Inc PO Box 266 Rock Hill, SC 29731

- 65. Wisconsin Auto Title Loans 728 S Military Avenue Green Bay, WI 54303
- 66. World Finance CO 108 Frederick St Greenville, SC 29607
- 67. World Finance CO 1327 Plaza Drive Granbury, TX 76048